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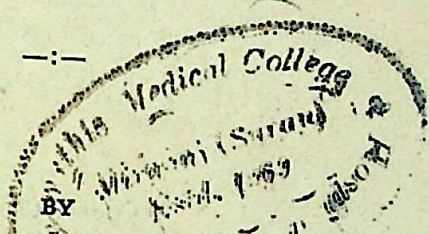


पुष्पे ७

A COMPEND OF THE PRINCIPLES *of* HOMOEOPATHY

FOR

STUDENTS IN MEDICINE



BY
GARTH BOERICKE, M.D.

*Professor of Materia Medica and Therapeutics at the
Hahnemann Medical College, Philadelphia, Pa.;
Physician to Hahnemann Hospital; Director,
Constantine Hering Laboratory; Member,
American Institute of Homœopathy;
Member, Penn State Homœopathic
Society, etc.*

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IN MEMORY OF MY FATHER
DR. WILLIAM BOERICKE

WHO THROUGHOUT HIS LIFE CLAIMED
SO LITTLE AND GAVE SO MUCH

IN MEMORY OF OUR FOUNDER
Late Dr. SUKUMAR ROY
(Pous 24th, 1313 B.S.—Falgun 3rd, 1375 B.S.)

As a mark of our respect and as a token of our humble appreciation of a great character, we dedicate this Second Indian Edition of Boericke's **Principles of Homoeopathy** to the memory of Late Dr. Sukumar Roy, who passed away on February 15, 1969, ending a life of useful and devoted service to Homoeopathy.

—Roy Publishing House

PREFACE TO THE SECOND INDIAN EDITION

We feel highly gratified to have the opportunity of presenting this second Edition of Boericke's *Principles of Homoeopathy*. This is one of most valuable and trustworthy guides in the Homoeopathic Science. We firmly believe that by following this in the study of Homoeopathic Science, students and busy practitioners may become more accurate and successful prescribers.

Our labours would amply be rewarded if this edition, with its established reputation of being considered as everyday study of a text-book of Homoeopathic Science, meets the needs and wins the approbation of those for whom it is intended.

197A, Kasba Road,
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12th Nov. '69

BELA RANI ROY
On behalf of
ROY PUBLISHING HOUSE.

PREFACE TO THE FIRST INDIAN EDITION

Boericke's '*Principles of Homoeopathy*' is a book of recent years, devoted to all the important subjects in the science of Homoeopathy.

When it is asserted that healing is an art, it must be assumed that a rational effort to heal the sick is guided by intelligible and reasonable principles. And it is the axiom that a thorough grasp of the principles of Homoeopathy, laid down by well-known Garth Boericke will surely lead to a sound Homoeopathic practice in a scientific method.

The increasing interest in Homoeopathy in our mind leads us to this publication. With kind consent of Messrs Boericke & Tafel, Philadelphia, we have the pleasure in presenting to the medical profession and students this First Indian Edition and hope that the practitioners and the serious students of Homoeopathy will surely be benefited with this work in their everyday study and practice.

Jai Hind,
ROY PUBLISHING HOUSE
CALCUTTA

*February Twenty-fourth,
Nineteen Hundred & Sixty*

PREFACE

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THE preparation of this book has been undertaken with several objects in view, which have a bearing on the subject matter and arrangement. In dealing with medical students, we are convinced that little is retained of a subject unless that subject has a reference text book. Lectures are necessary to emphasize, illuminate, and presumably enthuse, but much more may be obtained from them when an introductory text is available. Although many books dealing with certain *phases* of Homoeopathy have been published, and most materia medicas contain short chapters on applied Homoeopathy, there has been no book of recent years devoted to this all-important subject. The increasing interest in Homoeopathy, the justification of its principles by trends in medical and allied sciences, and most important of all, the actual need of such a treatise by Homoeopathic students, have served to prompt the publication of this compend.

Although written primarily for undergraduates, their appreciation of the whole subject of Homoeopathy and its proper application will only come when the student finds himself in active practice, where the bulk of office cases do not lend themselves to specific medication and where pathological findings either do not exist, or, if

present, are not susceptible to ordinary drug treatment. Here the conscientious physician views with disgust his dependence on pure empiricism, and his measure of success will be very nicely proportional to his knowledge of Homoeopathic principles.

It has been said, and perhaps rightly, that the word "cure" has been used too lightly in Homoeopathic literature, and what was really obtained was symptomatic relief. Again not enough cognizance was taken of the natural course of disease, and that too wide an application was claimed for Homoeopathic therapeutics. All such criticism is based on a misunderstanding of the aim of Homoeopathic medication. It is a fundamental principle of Homoeopathy that a *clear group of symptoms* regardless of the diagnosis always constitute a basis for helpful Homoeopathic treatment, whether or not our physicians cherish any hope for a complete recovery. The understanding Homoeopath is fully aware of our crude knowledge of life (and therefore disease) processes, and therefore capitalizes symptomatology and makes practical use of medicines whose efficiency has been demonstrated by a century and a quarter of application. For this reason one's knowledge of disease processes should suggest but never curtail a Homoeopathic prescription.

The Organon, being the original source of Homoeopathy, should be carefully read and reread, and this small book is in nowise a substitute for it. It is rather an attempt to outline the principles therein contained, modified by the crystallized experience of the Homoeopathic School. The Organon loses nothing when viewed in the light of modern medicine, but interpretation is needed, and in its original form we hardly consider it suitable pabulum for the student mind. It has been our custom, after giving the lectures on the principles of Homoeopathy as contained in this book, to read over the Organon paragraph by paragraph.

The first three chapters are introductory and were written with the idea of conveying the Homoeopathic viewpoint to students just entering upon the study of medicine. The subject matter has been largely suggested by questions asked the author from time to time in his association with students. The five great principles of Homoeopathy are then taken up and the main points in Hahnemann's theory of chronic disease and philosophy will be found under the chapter on Philosophy. The use of the repertory appears under Applied Homoeopathy and the surroundings of this brief statement are acutely appreciated by the author, whose only excuse is that this topic merits a book in itself. The charts shown have used for

several years on our service at the Hahnemann hospital and are helpful in taking the case.

The author has gladly availed himself of all sources of material bearing on the subject and believes that the policies advocated agree with the majority of Homoeopathic educators, yet no man has a right to speak for the school.

Such shortcomings as may be found become of a personal nature and for such we assume responsibility.

Philadelphia, Pennsylvania.

October, 1929 .

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CHAPTER ONE

GENERAL CONSIDERATIONS

Homoeopathy may be defined as the Therapeutic Method of Symptom-Similarity. In the medical field, then, Homoeopathy deals only with Therapeutics or treatment of disease. Moreover, this Homoeopathic treatment of disease is further limited to the use of pharmacologic preparations according to certain well-defined principles.

The relation above referred to is twofold: On the one hand, we have a group of symptoms expressing the disease and, on the other hand, we have a group of symptoms caused by the effect of some drug on the healthy human body. Given these two separate but similar phenomena, and it is spoken of as Homoeopathic relationship.

The existence of a Homoeopathic relationship makes possible a cure by Homoeopathic medicine provided the disease is curable and the medication is given in conformity with the Homoeopathic rules of practice.

It will be seen, then, that Homoeopathy is special form of using drugs. The practice of Homoeopathy is

in conflict with nothing in the great field of modern medicine. It is purely additional and supplemental. There are a great many sincere and successful gentlemen of the medical profession who know nothing about Homoeopathy, but it is also true that, had they this special knowledge, it would certainly have added something to their appreciation of medicine and vitally more satisfaction from the practice of their art.

The word "art" here is used advisedly. Certain branches of medicine might be called sciences, especially diagnosis, preventive medicine and immunology. Therapeutics however is still an art—and cannot be dignified by calling it a science except in certain narrow fields.

Homoeopathy itself is not a science, but in its application pursues a scientific method. The art of Therapeutics depends too much upon the personal equation of the physician and, at best, any method which has a basic principle is much to be desired. The physician in his practice of the art of healing had little to guide him until the advent of three great advances in medicine. Homoeopathy came first, elevating and precisionising the use of drugs. Surgery came next with its manifold advances. And lastly came the great development of immunology and preventive medicine.

The relationship of the last is very close to the con-

cept of Homoeopathy and will be fully discussed in a later chapter.

We ought clearly to understand that Homoeopathy has to do only Pharmaco-Therapy otherwise surgery, preventive medicine, immunology, and diagnosis and its beliefs coincide with the beliefs of other physicians who hold a degree of M. D.

Our reason for existence as a separate school of medicine is only on account of our different attitude regarding the scope and usefulness of drugs in the treatment of disease. Signs are not wanting in recent years that regular medicine is rapidly coming to the Homoeopathic viewpoint, but there can be no compromise until medical colleges include a Homoeopathic curriculum in their course of *Materia Medica*.

It is fact that the study of drugs has but a poor place in a modern medical college. This state of affairs is an eloquent answer to the efficiency of drug therapeutics as exemplified by the ordinary *Materia Medica* of medicine. Is this *Materia Medica* really as barren as it would seem? Surely clinicians would not so unanimously condemn it unless there were some good reasons. It seems strange to the Homoeopath who makes use of the same drugs (and many others) that such can be the case, for according to our method we have made successful and

consistent use of the *Materia Medica* for over a century. There must be some reason for this lukewarm attitude toward drug therapeutics on the one hand and the Homoeopath's vital interest on the other. The answer is simple: It is because to an ordinary medical man, drugs are useful in a very narrow *curative* field, if any.

Secondly, there is no law for their administration and, *lastly*, there is the possibility of danger to the patient.

Homoeopathic medicine, on the other hand, offers an unlimited application (depending on the knowledge of the physician). A definite law for their administration and absolutely no danger whatever. It is easy to see from this (and we will try to justify these claims in a succeeding chapter) what the place of Homoeopathy is in the field of medicine.

Briefly, it is a practical method of using drugs backed up by the only worth while criterion—time. What Homoeopathy has shown to be true a century ago is true today, for symptoms of disease and symptoms of drugs do not change and that is the rock on which the basis of Homoeopathy rests.

It has been said by learned critics of this school that Homoeopathy does not progress and further that Homoeopathy fails to avail itself of the advances in the medical field and has been negligent of research work.

This is a very inaccurate statement and the Homoeopathic attitude toward medical "progress" is simply this: "Advances", "new discoveries" are too often shown to be but the fad of the hour. This is not confined to drug Therapeutics, although most frequently seen in this field. Homoeopaths resent being told their business by salesmen from Pharmaceutical houses. Any man in the active medical practice knows that hardly a day goes by but that he has been urged to try a new combination, a new serum, and a new "sure shot". It is unfortunately true in most cases, as far as regular medicine is concerned, that these new preparations are largely the research of professional pharmaceutical houses. Interest in drugs therapeutics is at such a low ebb among high-class physicians and internists that the majority of them are frankly therapeutic nihilists. Homoeopathy takes the stand that a rapidly changing Materia Medica is *prima facie* evidence of an inefficient Materia Medica and further insists that the newest is no evidence *per se* that it is the best.

A remedy to be efficient must stand the test of time. It must have a good clinical record before adoption.

One need only remember our changed views regarding Tuberculin and our changing views in regard to the Arsenicals to realize this. Given this clear bill-of-health, however, Homocopathic physicians welcome any addition

to our armamentarium. Thus, Homoeopaths use Insulin, Adrenalin, and Antitoxin, whenever proper cases appear.

What is then the difference between the two schools of medicine? Briefly stated, it is our opinion that the main difference at present is that a Homoeopath, due to his particular knowledge and training, is enabled to use drugs as curative agents for a host of diseases that mankind is heir to. The opposite school, according to their knowledge and training, have but a scant half-dozen curative drugs and the rest of their *Materia Medica* is largely palliative.

Research, of course, takes the most promising path. And so we find research at medical centres is almost exclusively devoted to immunology and bacteriology in the broadest sense and research in Homoeopathy has taken the form of drug experimentation so called "proving" and deductive clinical application. In drug work, neither is complete without the other.

The question arises if Homoeopathy has been reliable and successful for a hundred years certainly its tenets and principles should have made some impression on medical practice and education.

That this is true is a matter of history. Gone are the nauseous and witless poly-pharmacy of fifty years

ago. Gone are the excessive doses the purging, drugging, and blistering so common then.

The founder of Homoeopathy, Dr. Hahnemann, advocates careful histories and written records of each case. Such is the universal practice nowadays. He paid much attention to personal hygiene, correct food, fresh air—all of which are the A B C's of medical practice today.

The great stumbling block to the universal acceptance of Homoeopathic practice today is that the rank and file of people—the medical field leading—cannot, or will not, see further than the mass, or of physiologic action of drugs. To them the drug must depress or stimulate or sweat or purge. It must slow a heart or relax a muscle. Its action must be capable of moving the lever on a smoked drum—if it is incapable of these effects then, like Macbeth and his cathartic, "It is thrown to the dogs."

Homoeopathy, on the other hand, while recognizing such action and making use of such action in its proper place holds that there is another method of using these same drugs. It has established laws or principles of its own in order to accomplish this. These are taken up in Chapter four.

CHAPTER TWO

HOMOEOPATHY AND THE MEDICAL SCIENCES

Much confusion has arisen among those not conversant with Homoeopathy as to where the latter stands with reference to the branches of medicine. Do Homoeopaths teach and believe in surgery, preventive medicine, diet and so forth ?

Briefly stated, Homoeopathy concerns itself only with drugs and their scientific use in the treatment of disease. Otherwise, a graduate of a Homoeopathic college is taught precisely what any other reputable medical institution has in its curriculum leading to the degree of M.D. Certain fundamentals, however, would bear repetition.

Homoeopathy holds, first, that the cause must be removed, if such be known. It endorses surgery and emphasizes the fact that every surgical case has a medical aspect and, as such, may often be a candidate for a Homoeopathic remedy. This applies, particularly, to post-operative convalescence.

The growth and development of bacteriology and immunology shed a great light on the teachings of Homoeopathy. The text of the "Organon", the original

treatise setting forth the principles of Homoeopathy, is quite unintelligible, unless viewed in the light of modern discoveries. Largely, for this reason, it was misunderstood and vilified but, as we shall see, can best be explained when we have a knowledge of these sciences.

Chemistry—Chemistry, and especially of late years Colloidal Chemistry, has done much to throw light on the principles of Homoeopathic drug action. The attitude is well put by Professor Traube. The action of extremely minute doses of medicine is explained in the theory of surface development and also the opposite action between small and large doses of the same agent. In the past, Chemistry and Pharmacology have been called upon to explain the action of a drug by its chemical, pharmaceutical analysis. A remedy like Podophyllum, for instance, is separated into its resin, glucoside, etc.

The active principles of a drug like ergot have been isolated and distinguished separately. The arbitrary separation of a remedy into its component parts on the assumption that wider and more clear-cut action is to be obtained is not tenable from a biologic point of view. We have no right to say because a drug contains three alkaloids that there are three different actions when the drug is taken as a whole. Again, analysis is a destructive process. The plant is literally torn asunder by the

chemical agents and what shows up in the ash is no proof that these substances are biologically active in the original state. Even dried plants are frowned upon by Homoeopathic pharmacists who ever seek to get the whole fresh plant and use this as a basis for our tinctures.

Prophylactic and Preventive Medicine—Prophylactic and preventive medicine is practiced by all medical men to a large extent. To this end, knowledge of the causal features is paramount.

A strict interpretation on the symptom-similarity relationship of Homoeopathy does not admit the use of Homoeopathic remedies for Prophylaxis, for it is obvious that in order to prescribe a Homoeopathic drug we must have symptoms. These do not make their appearance until a disease is established. Thus, a man cannot be seasick until he has been sailing. A child has no teething difficulty until he starts to cut teeth. It has been found, however, that practically certain Homoeopathic remedies do also exert a prophylactic action. Certain symptoms are anticipated, as it were, and assumed to take a certain course—when a remedy which pictures this syndrome can be given with every chance of benefit.

It should be remarked in passing that undoubtedly Homoeopaths make use of a great deal of inadvertant preventive medicine in their daily round of practice due

to the abortive effects of the clearly prescribed remedy. Thus, a cold in the head does not turn into severe Bronchitis. A streptococcic throat is not fraught with long convalescence and possible complications. Influenza, too, runs a relatively mild course.

Medical men are fond of speaking of the "regular course of a disease" and discount reports of medical results along any other line other than their orthodox methods. One of the commonest comments which a physician meets, if he has the timidity to quote a successful Homoeopathic result, is, "Oh well, he would have gotten well anyway." Now there is absolutely no answer to this except by a long series of parallel cases under neutral observation. Such a remark is as old as the hills. It may be true and it is just as likely to be false. A physician must convince himself. He cannot convince the world. Surely Hahnemann's own words are best. He said, "Try my methods and fearlessly publish the failures."

Immunology— With a praiseworthy desire to afford a comprehensive and modern explanation of the *modus operandi* of the curative action of our medicines, the theory has been advanced that our drugs act like antigens. Thus, a Homoeopathic medicine taken internally sets up, with the help of the body, a reaction. This reaction results in the elaboration of an antibody or dis-

tinctive principle of specific nature. Specific in the sense that it can nullify a certain group of symptoms, this might be explained as an equation:

Drug plus X (body reaction) equals antibody

Antibody plus Symptom present equals O

There has been non-conclusive experimental work on this subject. Our own opinion is, that, due to the nature of most drugs, this is an improbable explanation.

Ehrlich has pointed out that, "Antibody production does not occur with Alkaloids which do not enter into firm union with cells but can, as he explains it, be 'shaken out'. Metals do form combinations with protoplasm but there is no definite evidence that antibodies are produced against them. The methods of resistance developed by the tissues against poisonous agents are certainly of more than one kind." (Solis-Cohen.)

The soundest conception at the present time is simply to regard the Homoeopathic action of our drugs as an aid to body resistance. At the present time, we cannot be more specific. No one knows what the mechanism of body resistance really is. It has its roots in a number of factors: Morphology, Inheritance, Habits, Endocrines, Previous Illnesses, Nourishment, Will to Live etc. More concretely, we know that, if specific immune bodies are present (artificial or natural), this helps. Also in certain

infections the elaboration of the bacteriophage helps. Again, certain specialized cells for defense purposes are developed and, of course, all are familiar with protective action of leucocytosis. The body must turn the scale against the disease and agents that best accomplish this *without being themselves destructive to some organ or system* are the best therapeutic tools.

Homoeopathic medicine fulfils this requirement. Physiologic medicine *may* do so but often is handicapped from excessive doses that are used and also from possible false grounds of diagnosis (assumed pathology, deficiencies, mal-functions of certain organs). Any system of Therapeutics, except Palliation, which bases its treatment on diagnosis must fail if the diagnosis is incorrect.

Palliation—This important part of Therapeutics is really one of the three branches of medicine, that is palliative, preventive, and curative medicine. Palliation in disease becomes necessary in all hopeless disorders and medicinal emergencies.

Proper palliation is one of the most priceless services of the physician and it must be confessed also one of the most abused.

Homoeopaths make use of two methods of palliation, aside from the accepted physical agents. They use the correctly prescribed Homoeopathic remedy which, if it does

not cure, often relieves and they give the customary anodynes if necessary. This high-pressure modern life with its insistence on instantaneous relief has resulted in a great deal more palliation than is permissible. Thus, the palliative treatment of sore throat with aspirin to stop the pain is apt to hang on and may result in permanent damage to the heart or predispose to arthritic trouble. It may be set down as a rule that all patent medicines are merely palliative at best. The large growth of this evil shows to what extent palliation has usurped intelligent medical treatment.

Homoeopaths look askance on palliation other than some simple physical agents: heat, light, hydrotherapy, etc.

The Homoeopathic attitude toward physiological medication is similar to its attitude regarding palliation. Wherever the physiological use of drugs has proved effective beyond preadventure of doubt, such as the physiological use of *Digitalis* in fibrillating heart, Homoeopaths make use of them. The same is true of other useful drugs (they are only too few): Mercury, Quinine Iron, and Salicylates.

When an organ or system has been shown to be at fault and experience points to the proper physiologic drug to counteract this, a Homoeopath would elect to make use of this method. Unfortunately, the great number of diseases are not subject to this form of treatment, but depend for their recovery on a far more delicate reaction.

CHAPTER THREE

THE EVALUATION OF A THERAPEUTIC METHOD

This may be judged from several standpoints:

1. Consensus of opinion in general.
2. From experimental study and research.
3. Because the particular method is in agreement with prevalent notions of medical science.
4. Clinical results regardless of *modus operandi*.
5. Time test.

1. The first method is practised and safe, though faulty, from a scientific point of view. The time element enters here also. For what may be the medical consensus of opinion today is far different tomorrow. How differently now do we regard Mercury, Tuberculin, Salvarsan, and Iodine? What changes this? Obviously, it must be the minority. The few who were adjudged quite wrong in the first place. It has been said whatever fiftyone per cent of the medical profession believe is endorsed and practiced and the other fortynine per cent are wrong.

To make an appeal to the majority of any denomination, the proposition must be overwhelmingly proved or overwhelmingly simple. There is no middle course.

Otherwise, factors nearly equal are developed. Ordinary medical practice is certainly not overwhelmingly proved—we don't know *why* the so-called specifics act—but it is overwhelmingly simple. The same is true regarding ordinary practice. If restless, give a soporific. If in pain, give an anodyne. If total output is low, give a diuretic. If exhausted, give a stimulant.

The type of man who is willing to go deeper into the art of Therapeutics is definitely in the minority, that is by no means such a simple rule of thumb but it steadily becomes simpler and easier as we practice it. Although the Homoeopath recognizes the sublime simplicity of this method of using drugs, he claims that it is, in the main, Palliation—and the disease in order to be cured must be viewed from the totality of symptoms—not simply one outstanding symptom.

If those ignorant of Homoeopathy could, in a case of typhoid fever treat *at the same time* the headache, restlessness, diarrhoea, the abdominal distention, and the cardiac failure, Homeopathy would have no reason to exist for *this would be Homoeopathy*.

Now why is this only done by the Homoeopath? Because the only way an ordinary medical man can use drugs is by capitalizing their physiological effects, i.e. to produce some functional or organic change. They have

no one drug which will do all of the above things at the same time in such a case and, therefore, must use several which necessarily antidote each other either chemically or physiologically.

The Homoeopath, on the other hand, from his knowledge of drug proving, the application of the law of similars, and by virtue of the minimum dose, actually is able to treat all of these symptoms at the same time without untoward effects.

2. Regarding the value of a prescription in proportion to amount and accuracy of experimental data. There have been many drugs eliminated from the U. S. Pharmacopoeia simply because they did not yield positive experimental data when subjected to animal and physiological human tests. The changes and higher susceptibility of the body caused by diseased process is wholly and arbitrarily disregarded. Recognition of this by Homoeopathy on the other hand is a fundamental point. We make use of this sensitizing action of disease. That is one reason why we use a small dose and get an effect.

In other words, to say that a drug has no physiological effect is one thing—to *assume* from these experiments that it has no effect at all as a therapeutic agent is quite erroneous. Why?

- (1) Because the majority of such experiments are on animals.
- (2) The effects may be subjective and mental—of a functional character which is not capable of being transmitted to a smoked drum but is nevertheless present.
- (3) Records of Homoeopathic proving show symptomatology from the so-called inactive drugs.

3. This is also a very natural and logical method widely followed. The point against it is the same that Hahnemann pointed out many years ago and that Pathology, Physiology, and Immunology are constantly changing. What is true today is wrong tomorrow. To base our Therapeutics on such a foundation is to build upon sand.

Admitting this, the question comes up what in the world may we depend on as a guide to Therapeutics? Apply logic, the answer would be to use that in disease which is not subject to change. In short, we must deal in constants and the only constants of disease are the *symptoms of disease*. These never vary. The symptoms of cholera a thousand years ago were the same as they are now. The same is true of typhoid, of pneumonia, of rachitis. From a Therapeutic standpoint, the symptoms taken together, properly interpreted (by this we

mean a knowledge of the mechanism of such symptoms) are the only reliable guide for a drug prescription.

Clinical Results Regardless of Mode of Actions—

It avails us nothing to claim superlative results by any method of treatment from a scientific point of view.

Only a large series of cases, treated by different methods, would show any light. It is well known that patients, nevertheless, recover under many methods and testimonials mean absolutely nothing. We have but recalled Perkinism and many other classical medical fads.

It must be confessed that there have been Homoeopathic case reports where enthusiasm has run riot, and many recoveries reported as due to a certain medicine given might well have been the natural outcome of the disease or to other factors.

Notwithstanding, the Homoeopathic attitude of this matter of drug Therapy is in marked contrast to the guarded and often cynical comment of our old-school friends. Granting that there have been examples of exaggeration in these reports, nevertheless to an unbiased mind there is a marked difference between Homoeopath and one not trained in this art. We are pleased to call this something, "Morale". There is no doubt that the knowledge of Homoeopathic Therapy is a substantial aid

in sickness. One that repays study with large dividends. There have been numerous examples of the same disease treated in parallel cases by both methods, but this need not concern us here. Such points, as are taken up about the two schools, are debated in order to clear up misapprehension.

It is far easier to take a dark view of the treatment of a case by adherents of the regular school than adherents of the Homoeopathic school. Empiric prescribing and palliation fail to impress the conscientious old-school practitioner and they fail also to enthuse the Homoeopath.

Given a case, intensive study by our old-school friends *as far as treatment goes* avails little, for a drug is or is not indicated according to physiological standards and that's all there is to it. There is no personal equation, no elasticity, no chance to capitalize the symptomatology, so that by case analysis, symptoms can be made as sign posts toward the selection of certain drugs.

In mathematics, we are taught that the relation between the diameter and its circumference can be made to differ by as little as we please. We can multiply by $3.1/7$, 3.1416 , and 3.14159 , the more painstaking we are the more accurate the result. It is the same with a Homoeopathic prescription—a careful totality and evaluation of symptoms invariably leads to a better result.

Hence it is that professional Homoeopaths are optimistic—often to a degree that is misunderstood by others and almost invariably by men not trained in Homoeopathy. Put it in another way. Diligence is rewarded equally in the diagnostic field whatever school of medicine a man belongs to. But in the treatment field, only a knowledge of Homoeopathy can properly pay dividends of deligence.

Incidentally, this also accounts for the immense amount of work done diagnostically in these modern days and the relatively meagre amount of effort put on pharmacological research.

CHAPTER FOUR

THE FOUNDATIONS OF HOMOEOPATHY

Proving of Drugs—When a healthy person takes a medicine for experimental reasons, certain effects are produced—changes in body functions, secretions, and sensations—which collective phenomena are spoken of as a *drug proving*. When arranged schematically and written down, it is known as a drug's *Pathogenesis*. These Pathogenic effects evaluated, interpreted, and abbreviated, form the Homoeopathic *Materia Medica* which we study, the sources of which appear at the end of this chapter. This study of pure, single drug effects is a distinctive feature and the foundation of Homoeopathy and also an original contribution by Hahnemann to medical research for which he deserves the greatest credit.

The fact stands that those drugs which are the great poisons become, if used according to Homoeopathic concepts, the greatest medicines. Indeed, Hahnemann pointed out the general rule that the possible good effect of any drug was directly proportional to its power to derange the healthy human mechanism.* Thus, Aconite,

* This does not account for the effects of so-called inactive drugs like Silicea, Carbo veg., Sepia, Graphites, etc. These drugs have no

Arsenic, Gelsemium, have pronounced effects on the healthy body and, hence, are correspondingly useful on a sick body. Such drugs are known as Polychrests.

As drug proving is the very basis of our *Materia Medica*—it is not surprising that this activity has been the main contribution to medical research which the school of Homoeopathy has made.

All the important drugs have been most carefully proved, first by Hahnemann, and, subsequently, by numerous societies and individual experimenters. A tremendous volume of symptoms are the result of such observation. But, of course, it follows that the value of any one symptom depends on the faithfulness and integrity of the observer. So it is, that not all symptoms recorded in the provings are true effects of the drug due to this element of human frailty. All this is well recognized by Homoeopathic students and often exaggerated. The whole point of the matter is this—for the great bulk of our Polychrests, the Pathogenesis has so often been put to test clinically that only reliable symptoms have remained. The chaff has been discarded. This is especially true at this time

power to affect the human body in material dosage, but if their powers are developed by the special processes of Homoeopathic pharmacy they are capable of profoundly affecting the organism. It is simply a case of some drugs being naturally active in their crude state, and others needing artificial development (dynamization).

when Homoeopathy has been in existence for one hundred and twentyfive years.

The question is often asked as to the reason Hahnemann recorded his drug effects in non-medical language and also why his first book of drug effects was called, "Materia Medica Pura". Hahnemann called this "Pure" not because it was free from error but free from *Speculation*—it being a record of observed facts alone, independent of any theories of their action. Hahnemann appreciated the necessity for a scientific concept of the action of a drug on the body but, at the same time, was mindful of such a concept's shortcoming. Thus, in his essay on, "Power of Small Doses" in Hufeland's Journal he describes the knowledge of Materia Medica which a physician requires as follows:

"What organs a drug deranges functionally, what it modifies in other ways, what nerves it principally benumbs or excites, what alterations it effects in the circulation and digestive operations, what influence it exerts over secretions, what modifications the muscular fibre receives from it, how long its action lasts, and by what means it is rendered powerless, etc." Why then, did Hahnemann not construct his Materia Medica on this model? Unquestionably, because with a wonderful sagacity Hahnemann clearly perceived the following truths:

That the positive facts with which a physician has to deal in constructing a *Materia Medica* are the observations of the prover recorded in plain unfigurative, non-hypothetical language. Their interpretation must be the result of the application of the sciences of Physiology and Pathology to these facts. That the facts of the proving, being of the nature of positive observation, are enduring and unchangeable. But, that the science of Physiology and Pathology, being incomplete and progressive, are continually undergoing change, and that their terms must, therefore, be ever varying in significance, as the theories on which the sciences are based, vary. That, consequently, a *Materia Medica* constructed by him out of these two elements, one constant and the other variable, would of necessity be transient—could not be enduring—would soon grow obsolete and in its decline would carry out of sight the constant element also and thus the labour of the provers would soon be lost to the world. Such a structure would have involved an intermingling of the current physiological theories with the facts derived from observation. The precise point and extent of the intermingling would soon become undistinguishable and thus a vitiated record would be transmitted to posterity such as the advance of science would soon render useless.

"A comparison of the present state of Physiology with that of 1800 A. D., of which the very terms are almost obsolete, makes the great wisdom of this view apparent. On the other hand, the pure records of observed facts, untainted by theoretical speculations, come to us from the Master's hand as pure, as intelligible, as available, as when first record." (Dunham.)

Experience with drug-proving squads brings out other interesting considerations. Not everyone gives a complete proving. Susceptibility varies materially. Perhaps only twenty per cent of the squad give comprehensive symptomatology. The same drug will not affect every man in the same manner or in the same parts, and lastly the intensity of sensation is subject to the widest variation. It takes, therefore, considerable experience to evaluate a proving, but there is no question that this is the best way to introduce a student into the study of the Homoeopathic *Materia Medica*.

The importance of studying the effects of drugs upon the living organism is appreciated by all medical men but Pharmacology, *Digitalis*, *Ergot*, *Aconite* etc., are standardized by animal experimentation, and results must produce certain well-defined effects or the preparation is not acceptable to the U. S. P.*

* For a full account of biologic assays and laboratory methods. see "Pittenger : Biologic Assays," published by Blakiston, 1928, 2nd Ed.

This is a desirable procedure to insure active medicines but a fundamental point is that there are comparatively few medical substances which exert a marked physiologic effect and a further point of difference between the two schools is this. The Homoeopath believes that the last word has not been said about a drug until it has been "proved". And further, the corollary follows, that this human power *must be sensitive*. Now, there is no way of determining this sensitiveness beforehand and, unfortunately, records must be had to numerical probability. If twenty people take the drug, the chances are that perhaps six or eight are sensitive to it and will show a satisfactory protocol.

Now the question arises, "If it is a fact that comparatively few are susceptible to drug effects is that not a formidable point against the whole use of drugs in the Therapeutic field. Does that not explain the recent neglect of this study?"

This question must be answered affirmatively, if *simply the mass or physiologic action of drugs is taken into account*. Comparatively few people get a sore throat from Belladonna or tinnitus from Quinine or salivation with Mercury in the usual doses. If susceptibility were a constant, it must be confessed that all drug Therapy would be greatly handicapped. This, however, is not so.

The threshold of susceptibility is a variable depending on a number of factors chief among which may be mentioned: inheritance, environment, morphology, and disease. For practical purposes, the last named is the most important. It may be taken as an axiom that, "Disease is a universal sensitizer." It is because the disease process in some way breaks down the natural barriers of the body rendering it susceptible to action by drug stimulus—a condition which might not have been possible in health. A word must be interpolated here in regard to tolerance. Many will say that there are a number of instances where a disease seems to give a tolerance instead of increased susceptibility, thus syphilitics tolerate Mercury and Kali iodide over well; those with malaria, Quinine. These substances at times (though by no means always) seem to provoke a body tolerance and it would seem as if the disease per se has little to do with this tolerance phase but that it is more a matter of chance tolerance, so to speak, instead of "chance sensitiveness."

In the desensitization practice of protein therapy, (asthma, skin test) when a disease is at its height we give a small dose, evidence of the sensitization of disease), gradually step it up as time goes on which is evidence of decreased sensitiveness due to declining diseased state (body) approaching health and normal reactions. Thus, it is that Homoeopaths cannot accept the arbitrary rule of

the U.S.P. Council regarding drug activity, because it takes no notice of the susceptibility of the diseased process. Another reason of equal moment is the exaggerated importance given to animal experimentation. Such experiments can only be of gross physiologic type, which, of course, is quite sufficient to define the scope of their medicines but entirely inadequate for our Homoeopathic uses. This will be discussed further in the chapters to follow.

Brief rules for drug proving are here given:

1. Use a pure preparation and nothing else of a medical nature should be taken at the same time.
2. Keep a written record.
3. Dosage: usually appreciable doses of the tincture or low potencies are taken first followed by a reproving with the middle and higher dilutions. In this way the whole effect of the drug is exhibited—both functional and pathologic changes.
4. Repetition. The drug is taken at different intervals usually every two hours until definite symptoms develop. As soon as this takes place, these symptoms should be allowed to show themselves without further medication.

Original Provings and Sources of the Materia Medica—

The first work embodying such records is that of Hahne-

mann, entitled, "Fragmenta de Viribus Medicamentorum Positives." It is a Latin work, and published in Leipsic in 1805. Twentyseven drugs are treated of, containing symptoms Hahnemann himself had observed as effects of poisoning or from excessive dosing, and of provings on himself. "I have instituted experiments," he says in the preface, "in chief part on my own person, but also on some others whom I knew to be perfectly and free from all perceptible disease.

"In those experiments which have been made by myself and my pupils, every care has been taken to secure the true and full action of the medicines. Our provings have been made upon persons in perfect health, and living in contentment and comparative ease. When an extraordinary circumstance of any kind—fright, chagrin, external injuries, the excessive enjoyment of any one pleasure, or some event of great importance—supervened during the proving, then no other symptom has been recorded after such an event, in order to prevent spurious symptoms being noted as genuine. When such circumstances were of slight importance, and could hardly be supposed to interfere with the action of the medicine, the symptoms have been placed in brackets, for the purpose of informing the reader that they could not be considered decisively genuine."

Five years now elapsed before Hahnemann published

anything more in the line of drug pathogenesis. Then appeared the first volume of that great classical work, the "*Materia Medica Pura*," containing the symptomatology of twelve medicines, six of which had already appeared in the Latin treatise published before.

Five years later appeared the second volume, containing the symptomatology of eight medicines which was soon succeeded by the four other volumes, containing in all the pathogenic effects of sixtyone drugs. It is a monumental work, the result of Hahnemann's matchless penetration, wonderful insight and accurate observation, of which he was a master. He was most ably assisted in this work by thirtyfive fellow-provers, among whom the names of Franz, Gross, Hartmann, Herrmann, Hornburg, Ruckert, Stapf, and Friedrich Hahnemann are the most conspicuous and deserve to be remembered by all students of *Materia Medica*.

In 1822, appeared a second edition of this work with considerable additions to the symptomatology of all the remedies and some new medicines besides. A third and fourth edition were published after some years.

In 1828, Hahnemann published his "*Chronic Diseases*", containing the symptomatology of a completely new series of medicines, a series of deeply acting drugs, like Calcarea, Sulphur, etc., the so-called Antipsoric remedies. The symptomatology of these remedies

was not wholly pathogenetic, but included observations at the bedside, so-called clinical symptoms.

A second edition, greatly enlarged and now containing the symptomatology of twentyfive remedies, besides the twentytwo of the first edition, appeared between 1834 and 1838. A peculiar feature of the provings in this work is that the bulk of them must have been obtained with the thirtieth potency, and often are observations when given to the sick, differing entirely, therefore, from the pathogenetic effects of the *Materia Medica Pura*.

Besides Hahnemann and his immediate workers, Constantine Hering, of Philadelphia, contributed the best provings to the Homoeopathic *Materia Medica*, some of his drugs ranking in importance with Hahnemann's own. Of these, *Lachesis*, *Glonoine*, and *Apis* take first rank.

Another large contributor to the *Materia Medica* was Dr. E. M. Hale, not so much by proving as by introducing American remedies that had been in use by botanic physicians, and gathering all that was known as to the therapeutic properties in one volume called, "New Remedies". We have, then, as sources of Homoeopathic *Materia Medica*:

1. Hahnemann's *Materia Medica Pura*, published in 1811, containing the pathogenesis of the great

polychrests—*i.e.*, remedies of many uses and wide and frequent application.

2. Hahnemann's "Chronic Diseases", published in 1828, containing the so-called Antipsoric remedies, those especially adopted to the cure of chronic diseases.
3. Dr. Jorg's Provings—a professor at the University of Leipsic and contemporary of Hahnemann, but not one of his followers. He proved, among others, Camphor, Digitalis, Opium, Arnica, Hydrocy. acid, Ignatia. Some of his symptoms are quoted and included by Hahnemann in the second edition of his works.
4. Dr. Hering and the American Provers' Union.
5. Dr. E. M. Hale's contribution in his "New Remedies".
6. Various provings and reprovings under the auspices of the American Institute of Homoeopathy, various State societies and individual provings published in our journalistic literature. Also, Hartlaub and Trink's pathogeneses, Stapf's additions, provings by the Austrian Society, etc., etc.

These records are at present collected in four great works:

1. "Allen's Encyclopaedia," in ten volumes.
2. "Cyclopaedia of Drug Pathogenesis," in four volumes. These two works contain the symptoms obtained by provings; and from records of poisoning, *i.e.*, pathogenetic symptoms.
3. "Hering's Guiding Symptoms," in ten volumes, which also contains clinical or curative symptoms—*i.e.*, observed on the sick.
4. Clark's "Dictionary of Homoeopathic Materia Medica", in three volumes.

CHAPTER FIVE

THE HOMOEOPATHIC PRINCIPLE OF CURE

Similar Similibus Curentur—Having outlined the importance of drug proving and indicated the sources of the Homoeopathic Materia Medica as the first step, we are now in a position to inquire into the Homoeopathic rule of practice which is the guide and principle of our Homoeopathic prescriptions.

The first promulgation of this principle was made by Hahnemann in 1796 in an essay published in Hufeland's Journal, entitled, "On a New Principle for Ascertaining the Curative Properties of Drugs."

The occasion for publishing this essay was the experience gained from six years' work along certain lines. Six years before he had made some tests of the effects of Peruvian Bark on himself, having been led thereto by translating Cullen's Materia Medica, and was not satisfied with his explanation of its action. He knew, of course, the power of Cinchona bark to cure ague, for, while practicing in the malarious Transylvania, he had numerous cases to handle. But why this beneficial effect? Eager to elucidate the matter, he decided to test the drug on a healthy person—himself. He took the usual dose and it produced

all the symptoms of an attack of ague, not only the chill, heat and sweating, but several of the minor symptoms usually accompanying an attack. After the attack had passed off, he waited a while, and, on repeating the dose, he repeated the experience. In other words, he found that the drug, which he knew to be the best agent to cure ague, produced upon him an attack very similar to ague—an unexpected, a surprising result. Could this indicate the existence of a general law applicable to other drugs—all drugs? Here was a drug producing on the healthy symptoms similar to those which he knew he cured. Hahnemann determined to investigate further. His object was to verify this intuition by the inductive method of research and see for himself the action of drugs in health and disease.

Two lines of research were open to him—to examine the records of the past (his vast linguistic attainments and knowledge of medical practice fitted him especially for such a task) or he could in actual practice treat diseases with similar remedies and note the results. He pursued with the aid of a few friendly physicians both lines of research and for six years, before he ventured to publish anything about the matter, he experimented patiently and painstakingly, a fitting foundation, untainted by current theories, and free from dogmatic assertions. Further zealous pursuit along these lines of experimentation and

drug application, finally established, to his satisfaction at least the belief in a law of drug action which he expressed in Latin, *Similia similibus curentur*. "Let likes be cured by likes." It does not state a law of nature. It gives a rule of art: "To cure . . . choose." His appeal then to actual experience guided by principle and the elimination of all mere theories, however alluring, as a basis for therapeutic action, was the first great step towards modernism in medical thought and practice.

Now it is no detriment whatever to this claim if the methods pursued were deficient compared to those of the modern laboratory, and were necessarily limited by the environment and opportunities of his time. The thought was original with him, revolutionary, and epoch making. Its ultimatum in material results, in outward organic form, is a thing of growth of development.

Hahnemann, by introducing into medicine the method of experimentation on the healthy humans, in ascertaining drug action, founded the science of *Pharmacology*.

The introduction of this method of scientific drug experimentation is his great contribution to medical science. Harvey, three centuries ago, declared that, "Wise men must learn anatomy not from the decrees of philosophers, but from the fabric of Nature herself," so Hahnemann led his contemporaries in the study of remedial agents to

questioning nature, to experiment and observation, and his later followers amplified such work in the laboratory which has become the most influential factor in modern education. The legitimate result of this method of drug study gives us the science of Drug Pathogenesis, the symptomatology of drug effects on the comparatively healthy pharmacological studies and experiments on animals. Science of Drug Pathogenesis is its application to the cure of disease according to the Law of Similars, by which all these observed effects may, and can, be utilized. This application is an Art—the Art of Homoeopathy, not a science, a method of drug using only, a specialized department of pharmacotherapeutics. An art like all other arts, is a thing of growth, of development, perfected by increase of knowledge and science upon which it is founded. Hence the importance of our study and the continued development of this science of drug effects on the healthy, a never-ending but constantly growing science to which everyone, at all interested, may and must contribute to insure its continued vitality. Hence the study of drug action is the first step to drug using and the only method of employing drugs in the cure of disease universally applicable is by the guidance of similars. As we experiment with the drug after drug, the proof comes with overwhelming force that these effects can be utilized fully only along the line of like action or similarity.

The test on the healthy human organism with Cinchona formed the beginning of a rational scientific study of drugs for the development of better medicinal therapeutics. Nine years of further investigation into this new field enabled Hahnemann to prepare and publish a work in Latin, "On the Positive Effects of Medicines," and, at the same time, declare the principle of Similars as a law of general application. Five years more of further reflection and experiment enabled him to perfect his system and embody its principles in his great book, the "Organon of Rational Medicine." The following year, while a teacher at the University of Leipsic, he published Volume One of his "Materia Medica Pura," containing original provings made by himself and members of his family, and assisted later by some enthusiastic physicians that gathered around him at the University of Leipsic. In 1821, he published the final sixth volume, containing the positive effects of sixtyfour medicines. With the publication of these two great works, Hahnemann provided both the theoretical and practical requirements of Homoeopathy as a distinct method of therapeutics. He was the first to apply the inductive method of research to therapeutics. He says, in the preface to the second edition of the Organon, published in 1818: "The true healing art is, in its nature, a pure science of experience, and can must, rest on clear facts and on the sensible phenomena pertaining to their

sphere of action. Its subjects can only be derived from pure experience and observation, and it dares not to take a single step out of the sphere of pure, well-observed experience and experiment." And, again, "Every one of its conclusions about the actual must *always* be based on sensible perceptions, facts and experiences, if it would elicit the truth."

We see, then, that Homoeopathy supplies us with a Law resting upon natural facts and free from all speculations. A general law of treatment is obtained such as Sydenham wanted when he wrote: "I require a *Methodus Medendi*, fixed and definite which may be shown under such and such circumstances to succeed universally."

The great Homœopathic teacher, Carroll Dunham proclaimed Homoeopathy as the Science of Therapeutics, but it seems more within bounds of strict terminology to claim no more than that Homoeopathy follows a strictly scientific method, that it is the curative method of scientific medicinal therapeutics.

It is based upon exact observation of natural phenomena in disease and drug action and the law governing their mutual relationship.

On this solid ground of careful observation, all Homoeopaths base their practice; whatever differences have arisen date from the publication of Hahnemann's theory of chronic diseases and drug dynamization, and

not clearly distinguishing between Hahnemann's discoveries and facts on the one hand and his illustrations and mere theories on the other. Whatever Hahnemann published as a fact has never been contradicted. But not all his theories, as taught in the Organon, are proven. It is the genuine Hahnemannian spirit, as Hering, Hahnemann's greatest disciple, says, totally to disregard all theories, even those of one's own fabrication, when they are in opposition to the results of pure experience. All theories and hypotheses have no positive weight whatever, only so far as they lead to new experiments and afford a better survey of the results of those already made.

CHAPTER SIX

AN ANALYSIS OF SYMPTOMS

Every disease is expressed by symptoms. When an outstanding group of symptoms are exhibited regularly in certain order by a sick individual, they are spoken of as a disease. Certain diseases are so well known that they immediately bring to mind a vivid and relatively constant picture as, for instance, Pneumonia. Others like Lethargic Encephalitis, although possessing a name, has such a varied and inconstant symptomatology that the name conveys nothing of a definite nature.

The recognition of these symptom-syndromes was of actual value only when medical research was able to determine the cause, whether infective, metabolic, or organic. The treatment is directed, if feasible, to the cause in the logical hope that eradication of this will lead to cure. When the cause may be treated effectively, Homoeopathy is in entire agreement with this doctrine of medicine. Unfortunately, however, there are many diseases where the cause is well known but, in spite of this knowledge, they cannot be effectively combatted directly in the sense that we combat Cretanism with Thyroid or relapsing fever with Salvarsan or Malaria with Quinine. Some very

common diseases come under this class as: Pneumonia, Tuberculosis, Influenza, and Typhoid Fever. In these diseases, the etiology helps Therapeutics but little.

There are then many, indeed the majority of diseases, which can only be treated on a symptomatic basis, much as we deplore the fact. Now the point is that the only method which can properly capitalize this purely symptomatic approach and make this method *curative* rather than *merely palliative* is Homoeopathy.

It must be emphasized that where Homoeopaths treat symptoms it is always with a curative end in view. Immediately the query arises—by what right do we claim curative results from symptomatic treatment? Is not the only logical curative medicine that which is known to affect the cause?

Homoeopaths claim this right by using the symptoms of a case and applying the principle of Similia (See previous chapter). The cause is always removed or treated, if possible, and failing this, the only dependable alternative is a Homoeopathic prescription. This principle or law has been fully discussed elsewhere but, at this time, we reiterate that it enables us to turn the destructive and toxic action of drugs into a benign and curative force. This is accomplished by the *dynamic* use of *total drug-influence*. Or, putting it in another manner, making use

of the surface development of a drug (potentizing) and the totality of the symptoms as a guide for administration.

Now, if only physiologic use of drugs is recognized or practiced there can be no such result—as only certain gross symptoms or effects, particular to that drug, could be manifested and, while these might modify some complaints of the patient, such modification is usually accomplished only at the expense of untoward action on other organs or symptoms of the body. One medical author rather naively speaks of such actions as “by-effects.” It is quite impossible by the physiological method to treat a totality of symptoms of any severity with one drug. For example, take a Syndrome that includes insomnia, headache hypertension, deficient elimination. If we quiet the nervous system, we disorganize the renal system. If we endeavour to increase elimination, their insomnia becomes worse. If we try a vasodilator, the changes are the headache is intensified.

The statement made shortly before, that by the application of the Homoeopathic principle, we can turn into a power for good a drug which to regular medicine is only known as a destructive agent, like lead, for instance, carries with it the question, “Would a Homoeopath treat lead poisoning by giving a dose of lead? The answer is most emphatically, “No.” This would not be a Homoeo-

pathy but Isopathy (the same).^{*} Homoeopathy established a *similar* relationship not an identical one. In the use of lead, for instance, he would use this agent as a merely in a case of Interstitial nephritis because this disease resembles very closely the toxic action of lead on the kidneys but it follows always that such a case of kidney disease must be caused by some other agent, whatever this might be.

The intense practical importance to the Homoeopath of symptom groups is thus clear. He uses these not only to establish a diagnosis but also as a basis on which to select a drug for curative treatment, provided always that medical therapy seems indicated. For this reason, one studying Homoeopathy goes into the analysis and classification of symptoms much more minutely than regular medicine thinks necessary. They are the very life blood of a Homoeopathic prescription and the efficacy of such a prescription is usually directly proportional to the pains expended in taking the case.

The symptoms of the patient having been noted these are then referred to the record of direct provings which is made up of four sources of symptoms, the relative value of which should be understood in order to apply them for curative purposes.

^{*} Discussed in chapter on Applied Homoeopathy.

There are four classes as follows:

Toxicology—Violent cases of poisoning never yield a profitable symptomatology on account of the violent invasion by foreign destructive agents. The organism throws it off by all routes outward and away from its distinctive life, hence vomiting, diarrhoea, convulsions, etc., common to all kinds of poisoning. On the other hand, the records of poisoning give us the ultimate action, the tissue and organic changes that the provings can only indicate, and thus they illustrate and interpret the provings.

Provings on the Health—The provings with comparatively small doses avoid these violent, crude, and extreme effects, and instead of producing them, rather indicate them by mild disturbances. We thus obtain the finer and more characteristic action, and thus a much more utilizable picture of drug effects. Fortunately, the bulk of the Homoeopathic Materia Medica is made up from this source. The symptoms obtained from toxicological observations and from provings are also called *pathogenetic symptoms* and the full record, in the order of their development, is called the drug's *pathogenesis*. The "Cyclopaedia of Drug Pathogenesis" gives these in their fullest and most accurate form.

Drug Effects Observed on the Sick—These are known as clinical symptoms and will be fully discussed in a later paragraph.

Animal Experimentation— This last source has of recent years attracted much attention and it is especially suggestive for illustrating the disease-producing power of drugs. Most of our important drugs have been so tested and the lesion and tissue proclivity noted. It has two great advantages—personal equation is eliminated and the drug may be “pushed” without regard to the severity of the symptoms. On the other hand, subjective symptoms, sensations, modalities, and mental changes of course are absent from these provings. The further objections that animals do not react like men to drugs and that the same drugs may affect both quite differently is true enough as a general statement, but all men who do this research are familiar with this drawback and select species whose systems in good general health as does man for their specific experiment. The grouping of all these sources together constitute the Symptomatology of a drug. This is usually arranged in an anatomical order called “The Hahnemannian Schema” for ready reference.

In order to practically interpret a drug's pathogenesis and apply this knowledge in a practical manner symptoms are divided into two great classes: (1) Basic, (2) Determinative.

Basic or absolute symptoms are those that appear in every proving (also in most diseases) and are of a general nature and usually *diagnostically* important. They are of

little value to determine the specific Homoeopathic drug indicated, but taken together furnish a suggestive beginning. Such symptoms are: malaise, headache, weakness, analrexia, eructations, fever, and pain.

Determinative Symptoms are individual or personal ones *if found in a patient* or a characteristic "Key-note or guiding symptoms, *if found in a drug's Pathogenesis.*" We learn to distinguish drugs very much as we learn to distinguish men, not by the general features, which are common to all, but rather by the personal modification of these general features in shape, habits, and reactions.

Determinative symptoms whether encountered in disease or a drug proving are alike and usually consists of:

1. Modalities ;
2. Mental symptoms ;
3. Qualified basic or absolute symptoms ;
4. "Strange, rare, or particular symptoms" as mentioned by Hahnemann.

Characteristic Symptoms may be either basic or determinative depending on that particular drug's propensity. If the drug produces marked pathology, the chances are that its characteristic symptoms would be basic in nature such as, the anaemia and nephritis of Lead or the thick, cracked skin of Petroleum ; on the other hand drugs like Bryonia or Nux would be more apt

to show these characteristics in the determinative group of symptoms, such as a particular modality or sensation.

This is because every drug is a medical force and can expend its disease-producing properties in a way peculiar to itself. There is no rule for this. It is a matter of pure experiment and Homoeopathic provings are especially prolific in bringing out such characteristic symptoms. We learn to look for such symptoms in one of the three divisions of the drug's Pathogenesis, thus:

1. Location of tissue proclivity (elective affinity);
2. Sensation or kind of action ;
3. Modalities (influences which aggravate or ameliorate).

Locality or Seat of Action—Every drug affects some organ or system of organs or tissue or region more decidedly than others, and there especially or primarily expends its power. This is not a local action merely, but a *localization of the drug's specific nature*. It appears, no matter by what avenue the drug is introduced into the body. A drug may come into direct contact with the blood, and thereby with every part of the organism, and yet only certain tissues or organs will be affected by it—that is, only these tissues or organs will react against the foreign element. This specific localization, or seat of a drug, is known as its *elective affinity*, by which it prefer-

ably chooses certain cells, tissues or organs, to manifest its action. In a general way, we see that Belladonna affects principally the brain as its arena for action, and this organ, therefore, has a preferred relationship to Belladonna. So, in the same way, Aconite affects the heart, Ergot the uterus, Bryonia the serous membranes, Podophyllum the duodenum, Rhus the skin, Tellurium the tympanum, Glonoine the vaso-motor centre in the brain.

This elective affinity cannot be explained, but it exists. It was recognized even before Hahnemann and Homoeopathic provings, and has been made the foundation of a system of practice by Rademacher, a German physician and contemporary of Hahnemann, who himself traces the thought to Paracelsus.

While each drug has a preferred locality, based on its elective affinity, still it must not be forgotten that the whole organism—the whole man, mentally and physically—is affected. This is so, because the various functions and organs are not independent instruments but wonderfully bound together by nerves and blood vessels, and parts most remote are in direct communication with each other. Diseases are produced and continued along this network of lines when once they have found a foothold, and drugs act in a similar manner along these tracks. We ought to get a mental picture of a drug as a whole—the

drug personified, and thus the typical patient corresponding to the drug. Such study gives a reality and practical utility to the *Materia Medica*.

Sensations or Kind of Action—While the special *seat* of action is the first marked fact about the pathogenetic properties of drugs, the special *kind* of action is the second fact. This may be seen in the sensations and modalities of a drug. Thus, the burning pains of Arsenic, the coldness of Camphor and Veratrum, the sticking pains of Bryonia, the stinging pains of Apis and Theridion, the plug sensations of Anacardium, the soreness of Arnica and Hamamelis, are all characteristics. Frequently, the character of these pains indicates the *seat* of the action and thus points to the elective affinity of the drug, as burning pains in general indicate the mucous membranes; dull, boring, gnawing pains, the bones; sticking, cutting pains, serous membranes etc. in many drugs, these conditions may be so expressive of their special character, that we nearly always expect them to present when they are Homoeopathically indicated and therefore prove to be the curative remedy. Such characteristic conditions are the restlessness and anxiety of Aconite and Arsenic, the chilliness of Pulsatilla, the thirstlessness of Apis, the dullness and drowsiness of Gelsemium, the hysterical contradiction of its symptoms of Ignatia, the melancholy of Aurum, etc.

Modalities— Modalities are conditions which influence and modify drug action. Just as a plant thrives best in certain conditions of soil, climate, elevation, in short, a suitable environment, so a drug must be similarly situated to enable it to express itself clearly and fully. It is of the greatest importance in drug proving as well as prescribing Homoeopathically to note the modalities. The main group of modalities are: time, temperature, weather, motion, menstruation, position, perspiration, eating and emotion. Thus, *Lycopodium* has a time aggravation in the late afternoon. Sulphur cannot bear heat. *Natrum sulph.* is aggravated by wet weather. *Bryonia* is aggravated by motion, etc.

A practical point also is that there are two types of modalities:

1. Those that apply to the person as a whole ;
2. Those that apply to a person's particular complaint or involve an organ.

The first class is by far the more important and a few general modalities should always be present in the outline of symptoms. We obtain general modalities by asking, "Are you," instead of "Is your." Thus we ask, "Are you sensitive to cold weather ?" "Have you a craving for sweets ?" "Are you weak ?" etc. Now it is quite possible for a man to be generally better from heat yet a headache is much worse from heat. It is similar

with drugs when studied minutely: *Lycopodium* generally is better from open air yet craves warm food, but *Phosphorus* is just the reverse. We shall have more to say on the whole subject of symptoms in the chapter on applied Homoeopathy.

CHAPTER SEVEN

AN EVALUATION OF SYMPTOMS

The value of basic symptoms has been indicated. They are those which establish the diagnosis and are given in any standard medical text-book. It may be remembered in passing that such symptoms are all that are necessary for physiologic medication or the ordinary use of drug effects. Thus, sleeplessness calls for a soporific, pain an anodyne, constipation a cathartic, diminishing urinary elimination a diuretic. The physician simply picks out the most important complaint and mitigates this with the least possible harm.

The second large class, determinative symptoms, are necessary only if we expect to prescribe Homoeopathically and a thorough understanding of this group of symptoms and their relative value is now in order.

Mental Symptoms— If well-marked, mental symptoms are of the highest grade and importance in Homoeopathic prescribing. If a person has a well-marked mental symptom of a drug and a well-marked absolute symptom of another, the drug with the mental symptom takes precedence over the other. The mind is the highest form of cellular activity and changes here are always individual.

Moreover, it is recent changes brought about by disease which are significant, not the "natural nature of the beast." Thus, a sunny disposition becomes markedly irascible during illness. Phobias may develop or apathy or the patient becomes sad and weepy. Again, a word of caution—do not "fish" for mental symptoms—they must be very obvious to be reliable and then they take precedence over all other types.

General Modalities are second in importance. We remarked above, that these are the reaction to environment and, as a whole, how that particular individual reacts to season, heat and cold, to time of day, etc. Again, these should be well-marked. *Cravings* and *aversions* are helpful if they are really longings or loathings, not simply likes and dislikes. We refer here to food and drink, especially the changes brought by disease in our desires are often valuable characteristics and express the individual urges. Menstrual function, especially as to whether *other ailments* are aggravated before, during, or after this function, may serve as a general modality. The type of flow and regularity are suggestive symptoms but only when pathology such as Polyps and fibroid can be eliminated. If present, treat the cause direct, since pathology per se is not a sound basis for Homoeopathic medication.

Basic or absolute symptoms which are qualified, also come under the class of determinative symptoms since by this process they become individual. By qualification, here is meant describing by location, sensation and modality. Thus, headache is a basic symptom common to many drugs. Suppose we locate it in the occiput, sensation is dull, heavy and modality is worse from movement of the eyeball. Now, this is an individual symptom group and a few drugs have this type of headache. So we see by this process we have raised the rank of an inferior symptom.

The last class of determinative symptoms are the *strange, rare and particular* ones about which Hahnemann has spoken. Not all cases exhibit this type. Indeed, the patient will often overlook them not thinking that they are germane to the history. It may be a particular sensation or a well-marked modality or a concomitant symptom (see below). Nothing is too trivial if it is well-marked. On the otherhand a rather common symptom becomes rare. Thus, fever without thirst is rare (Belladonna). Emaciation with excessive appetite is uncommon (Iodine). Chilliness and yet aggravation from heat (Pulsatilla) is contradictory. Often these rare symptoms take the form of temporary food and drink perversions.

Other terms used to describe symptoms sometimes are as follows: *Concomitant Symptom* is one which is felt

simultaneously with or accompanies another symptom. Thus headache with blurring of vision, constipation and haemorrhoids, delirium and fever. Many of these can be explained readily from our knowledge of physiology and pathology. It is a good rule always to inquire into the mechanism of a symptom. We, thereby, save ourselves looking up individual symptoms which have a common physiologic origin.

Pathologic Symptoms are self-explanatory. They are basic or absolute—anaemia, hypertension, hyperchlorhydria, fibrillation, bleeding, expectoration are examples.

Objective and Subjective Symptoms have been the usual classification of symptoms for many years. Objective are those symptoms which the physician observes and, therefore, consist of: physiological findings, laboratory findings, and his observations. Subjective are those symptoms which the patient feels and speaks about. We see no particular advantage in this classification as it does not help to evaluate symptoms.

Clinical Symptoms

Definition—A clinical symptom is one which does not appear in the proving of a drug yet nevertheless has been inadvertently relieved by that same drug, given for another purpose. It is to be assumed that, had the prov-

ing been extensive enough, such a symptom would have been produced.*

For instance, take the pleurisy and pleural pain of Bryonia—this set of complaints were not at all marked in the proving but, when Bryonia was given for other symptoms, it was found that Bryonia regularly relieved affections of the pleura, so much so that, undoubtedly, it is the most important drug in these cases. Later on, in animal work, it was found that Bryonia readily produces pleurisy. There has always been controversy regarding the propriety of admitting such symptoms into our *Materia Medica*. Indeed, "Allen's Handbook" does not include them but Dr. Hering in his "Guiding Symptoms" does. We believe this is justified.

*Academically, there is a difference between *Clinical* and *curative* symptoms, although they are usually taken to mean the same thing. A clinical symptom is simply a manifestation, subjective or objective, that the patient shows while under the influence of a drug. Obviously it may be either the result of the disease or the result of the drug, and decision on this matter rests entirely with the experience of the physician. A curative symptom, on the other hand, starts out like the above, but subsequently disappears—and here the assumption is that such a disappearance was due to the drug then being taken. The definition given above applies to this last interpretation, since they are far more common than the other.

As an example of the first class—*Granatum* always produces dizziness when given for intestinal parasites. Thus inadvertently one of its characteristics was discovered, and since then, in a case of dizziness, one always thinks of *Granatum* Homœopathically—a purely clinical application.

Hahnemann points out that such symptoms should only be used after most careful and repeated observation and then only by a master of experience in the field of clinical medicine. The older text-books denoted a clinical symptom by a cipher to distinguish it from pure drug effects, but, in all the recent books, these have been included without such designation.

The Totality of the Symptoms

A positive understanding of this third principle of Homoeopathy is much to be desired. Many failures result from a "sketchy" totality, for it stands to reason that any prescription based on symptoms as its foundation, the more symptoms the better the prescription. All symptoms, both basic and determinative (objective), should be considered. Moreover, due regard to Pathology and its effect on the case present must be considered. This is because pathology may modify the quality of a symptom, sensation, or a modality. Well-trained modern medical students have a great advantage over the older Homoeopaths in this way since their knowledge of disease processes is more profound and, hence, they should be able to evaluate and discount the complaints of the patient. Thus Blood Chemistry would help us to interpret symptoms which might on their face be either or renal in origin—Basal Metabolism gives us the diagnosis and

hence a clear group of basic symptoms in Thyrotoxicosis. X-ray and gastric analysis help in differentiating a functional from an organic Gastro-intestinal Syndrome. If we know the "why" of a symptom, it helps construct a true totality and often furnishes clues for Homoeopathic prescribing.

To illustrate further: Nocturia may be a symptom but it makes a vast difference in our prescribing as to whether it is caused by a heart, kidney, metabolic, or prostatic cause. Neuritic pains down the left arm have a cardiac or toxic basis and would probably call for a different group of drugs according to cause. The modality from motion is not of great moment in acute arthritis as one must necessarily suffer from this modality due to the inflammation and oedema. Something has been said along this idea before and it enters into estimating the totality.

Another point that needs emphasis is that the Homoeopathic totality is a relative thing. We strive for perfection but seldom obtain it. It is relatively seldom that the absolute *simillimum* is selected. When it is, results are truly marvelous. But a *more or less* indicated drug will also give curative response and on this fact depends the success of ordinary daily office practice. The Homoeopathic law says "Similar" not necessarily an exact counterpart of the diseased picture.

Of paramount importance, however, in this conception of totality is the necessity of matching up what is prominent in the complaint with what is prominent in the drug selected. Thus, "burning pain" is a sensation of a number of drugs but especially of Arsenic, Phosphorus and Sulphur. Now, if this was a special complaint of the patient, it should be a special factor of that drug's pathogenesis. Depression is seen under numberless drugs but is particularly marked under the heavy group—such as Aurum. If the symptoms are matched according to degree, in this way often an abbreviated totality suffices, as every practical Homoeopath knows.

Mention should be made here of other factors that go to make up the totality of symptomatology although possibly these should come up under the chapter on Applied Homocopathy.

Etiological Factors— The immediate cause of the patient's illness, if determinable, or its exciting factor, may be a great aid in the selection of the remedy. Thus, there are many cases which owe their onset to exposure from cold and damp. Drugs such as Rhus, Natrum sulph. and Calcarea come to mind.

Again, the Traumatic Etiology of Arnica has been verified many times. Such causes may even be quite remote but deserve serious consideration especially in

Chronic cases. In passing, it might be remarked that present day tendencies regarding patent medicines and often misguided physiologic medication may also be casual factors. Apparent *antidotal* Homoeopathic drugs have field here. (Nux, Hepar, Bryonia, etc.)

The totality in acute diseases is simpler. Much of this investigation is necessarily dispensed with. The physician recognizes the symptomatology and the case is quickly disposed of. Epidemic conditions come to his aid here for rapid and usually successful prescribing. This will be further taken up under the chapter on "Applied Homoeopathy."

Single Remedy

The Homoeopathic practice of using a single drug and nothing its effects rather than multiple prescriptions whose ultimate effects may only be surmised, is so logical both from a scientific and practical point of view that modern medicine tends to this direction. It is the one beneficial reform universally conceded to Hahnemann by the most fervent opponents of Homoeopathy. Polypharmacy has had its day, and a colourful one it was. We have in the Homoeopathic prescription no use for directives, correctives, or adjuvants, as such.

The single remedy does not mean a simple remedy. All chemical salts are compound substances, as are also

the juices of plants like Opium and Belladonna. But all are single remedies and used as such in Homoeopathy. Any single substance, which has been proved upon the healthy as an entity and its pathogenesis known, can be administered.

Alternation or rotation of remedies is reprehensible since it leads away from accurate and definite knowledge of drug effects and sooner or later to poly-pharmacy which is the most slovenly of all practice. Since we have no proofs of combinations of drugs, it will be impossible to prescribe them with scientific accuracy.

In some cases tissue salts are given on deficiency indications, and at the same time the totality is met by another Homoeopathic remedy, for instance: Kali phos., and Ignatia. But this is because indications for the tissue salts are largely clinical and their mode of action subject to some controversy. (See Tissue Remedies.)

CHAPTER EIGHT'

THEORY OF HOMOEOPATHIC DOSAGE*

By this, we understand the "smallest dose necessary to accomplish the desired effect." In practice, this is quite elastic and may call for a single dose of the thirtieth potency or drop doses of the mother tincture, depending on considerations which will be taken up under Applied Homoeopathy.

This small dose of medicine which has been and remains inseparable from the practice of Homoeopathy has certainly been the greatest stumbling block encountered against the adoption of this method of Therapeutics. It is easy to scoff and ridicule that which we cannot comprehend—indeed, this a universal human failing. To one who thinks it becomes apparent that we must have an all-important reason for such dosage, since it would progress a cause nothing to stress that which antagonizes investigators. The reason is vital. Unless we do use dilutions or their equivalent in our practice, our results are mediocre and often entirely nil. Appreciation of this fact should come in subsequent paragraphs.

In the first place, it should be clearly understood that

*See chapter on Applied Homœopathy for practical application.

Homoeopathic posology was a pure matter of growth and experiment. No one, even Hahnemann, conceived the idea of using attenuated drugs out of a clear sky. It was no theoretical inspiration or abstract conception but followed as a natural development from the principle of similars. This must be so, for how could we give a large dose of, say Ipecac., to *stop* vomiting? It would aggravate in a hundred-fold. Great doses of that drug cause vomiting but only small doses relieve it. Hahnemann first used medicines in the ordinary dosage but, when he started to prescribe according to Similars, aggravations followed in most cases. Hence, the necessity for using minimum dose which practice has been abundantly confirmed ever since. We shall try to take up a number of explanations regarding the "why" and "how" of potencies here—since it is the one problem that baffles the materially-minded investigator. One of the usual explanations of the power of Homoeopathic potencies lies in surface development. The most important is the particular sensitiveness of disease already spoken about. There are others which will be briefly mentioned—elective affinity, "trigger response," activator effect.

Surface development has become well understood with the advance of Colloidal Chemistry. A changed physical state gives a substance energy to react, to affect tissues, to adsorb and absorb. This is accomplished by subdivi-

sion. Thus a crude example is the difference in effect between metallic mercury and grey powder. If a quantity of quick-silver were swallowed, nothing of much importance would follow, but if the same quantity were rubbed up with chalk (grey powder) and swallowed, serious results would ensue. This is because the difference in the physical state (subdivisions) greatly energizes the physiologic reaction. Whatever type reaction this might be, another illustration often used is this: a log of wood has a certain surface but, if it were turned into sawdust, the surface of each flake added together would greatly exceed the original area.

On theoretical grounds the whole theory of dosage, as pointed out by Von Grauvogl, is unsound. Thus, the apothecary's weight is the measure and drugs are given in grains, drachms, and ounces and so on. This unit does not exist, however, in the organism. It is composed of cells, molecules and atoms and possibly electrons as the ultimate. It follows that the apothecary's weight cannot be that unit with which the organism is to be treated, since we have to consider the dose *not* as regards the magnitude of weight but as regards the magnitude of measure. If one would measure a body then the measure thereof must be of the same nature as the body to be measured, length by length, plane by plane, bodies by bodies. Theoretically, then we can really use nothing but

molecular substances, atoms, etc., which have been previously tried on the body and their dose determined. If we knew the molecular or atomic content of the grains of drugs that we use, all would be well, but we do not. Such practice, of course, is not practical from our present physiological knowledge but we simply mention it to emphasize the fallacy of a method which is used to determine the dosage of living organisms.

A fundamental conception that is necessary for most of us to appreciate in order to given credence to our Homoeopathic potencies is this:

The Homoeopath deals with drug *energy*, not with drug material. So far only the living body, man or animal, is capable of reacting to this energy. It is not measurable by any instrument of precision as yet invented, though work is being done in this line. Mathematically, the thirtieth potency is quite beyond our comprehension as far as we can conceive actual mass of drug present. There is most certainly no medicine of a material nature in this preparation, but this does not mean that there is no medicinal energy in the preparation. We know that there is no energy in a piece of soft iron but contact with a permanent magnet immediately imparts this piece of iron with such potential energy as to be readily demonstrable. Something analogous to this must

happen in the process of potentizing or trituration. The actual medicinal mass grows less and less certainly but presumably the energy from the original substance by virtue of this subdivision and agitation conveys its characteristics to the menstruum (alcohol—sugar). The energy of the specific drug is superimposed on the adjacent menstruum and, as energy *per se* is indestructible, it follows that this process may be carried through very many permutations. It is pertinent here also, in order to further justify our Homoeopathic position, to ask this question: How do drugs bring about an effect? Just where is the contact and how taken up? Why are Isomers so different in their action? They are the same chemically and, as far as we know, one is a deadly poison and the other may be quite innocuous. The first question is answered by saying that, for instance, *Digitalis* acts through the Vagus or that *Strychnia* calls forth increased adrenalin secretion. This is but dodging the question and does not go down to fundamentals, for we ask simply why and how does it do this?

Recently we have come more and more to think of living cells in terms of electrons, those being the ultimate matrix from which all substances, living and dead, are made up. If this be true, certainly we can readily conceive that to effect changes in equilibrium one would do well to use delicate and attenuated energy—such energy

as would be present in our Homoeopathic potencies, for instance. Even if the original impulse were of the smallest, this might set other influences at work and the process would gain momentum and, perhaps, the whole metabolism of the body eventually (being an orderly set of changes according to Physiologic and natural laws) would be modified. This is known as "trigger-response."

Another point which is often raised by students is this: Since Homoeopathy employs minute doses of chemicals as medicine and these same chemicals are found in the food every day, how is it that there is any medicinal value in such preparations? In the first place, these salts can only be recognized and isolated after drastic reagents, chemical and physical, are used. Often the substance to be analyzed is first reduced to ash. It is extremely doubtful whether the body reduces any radical into its elements—that is, because a food may contain phosphorus does not mean that that phosphorus is active alone. The Homoeopathic drug, Phosphorus, does act alone. Also, a Homoeopathic remedy is absorbed in the mucous membrane of the oral cavity almost entirely and food goes into the stomach. In the process of digestion, elements of organic combinations are used only according to laws of digestion and are assimilated according to laws of nutrition.

Another influence which may have a bearing on the activity of minute dosage is the so-called activation effect. A small dose may release a body secretion—adrenalin, bile, ferments, etc. And then later become responsible for very obvious changes which are not, strictly speaking, effects of the original small dose of the drug—only indirectly. However interesting these lead us into a maze of effects and counter effects which cannot be further followed here.

Lastly, there is the tissue proclivity or elective affinity of a drug already spoken about. This phenomenon very likely acts as a sort of accumulative process. Thus, Mercury has an attraction for syphilitic tissue. Small doses of mercury given to the body become large doses when they are all collected (attracted) in the same spot. In one case of syphilic aortitis, metallic Mercury was found in a puddle in the cavity of the thorax on autopsy. This was evidently an accumulative effect which had been collecting there in the many years of mercurial treatment.

CHAPTER NINE

METHODS IN CASE TAKING

A properly taken case is more than half cured, if this be possible by medical means, and a definite method should be followed, such as the one suggested.

The history should be taken in the regular manner and then expanded to meet the needs of our specialized therapeutics. Thus, following the history of the present illness, before the physical examination the patient's subjective complaints are listed under four heads in regard to the four systems of the body. Interrogation under these give the indications of a pretty good Homoeopathic remedy as the chart indicates.* We should question very closely here and not pass over with a perfunctory query, as they are useful diagnostically as well as material from which to cull Determinative symptoms. In cases where the history is already taken and where the only thing wanted is a Homoeopathic prescription chart "B" is suggested. This can readily be filled out at the bedside.

As in all history taking certain precautions are necessary:

*See Appendix Chart A.

1. Avoid asking leading questions and those that may be answered by "yes" or "no."

2. Accept no diagnostic suggestions or pathological theories or former opinion of other physicians as these are deceptive guides for the selection of a drug.

3. Be sure to get the modalities.

4. Mood and mental state of the patient.

5. Notice any alternation of symptom groups, such as Bronchial symptoms, skin manifestations, gastric, and rheumatic complaints. Also seasonal and periodical variations.

6. Discount symptoms to be expected from the pathology obviously present. Thus, anxiety in heart disease—Paranesthesia in Anaemia—Edema in Nephritis—Hunger in Typhoid and Gastric Ulcer—Depression in Constipation.

7. Note results of previous diet, local and physical treatment, for often the true symptomatology is obscured by previous treatment and a period of observation is desirable before Homoeopathic treatment is instigated.

Having made a provisional diagnosis and evaluated these symptoms, our next task is to underline in the history (or chart) those complaints which will aid us in selecting a Homoeopathic drug.

The next step is to assign each symptom to its proper column, basic or determinative, as provided for on the

back of symptom chart "B." The resulting list of symptoms should clearly picture that patient's present condition. By reading these symptoms a physician, not acquainted with the case, should be able to classify the disease and suggest off-hand a group of drugs which would be capable of producing these basic symptoms.

To illustrate this, suppose we have a case of Pneumonia. Here the two classes might be as follows:

BASIC	DETERMINATIVE
Headache	Restless and irritable
Fever	< Night
Lung consolidation	< Right side
Dyspnœa	> Cool air
Leucocytosis	Heart feels constricted
Cough	Dry skin
Bloody expectoration	Cough < on back and warm room
	Hungry
	Constrictive headache
	Laryngeal pain

By reading the basic group, certainly anyone acquainted with clinical medicine would picture a Pneumonia case, as these symptoms are standard. Anyone, even casually acquainted with Homœopathic medicine, could suggest a group of four or five drugs which have all these basic or absolute symptoms. He gets this group usually from his knowledge of the pathological pathogenesis and elective affinity of the drug. In the above case, Aconite,

Bryonia, Phosphorus, and Iodine, all have the basic symptoms, but the question is which one of these four corresponds to the *patient* who has this disease—Pneumonia. In other words, what makes *this Pneumonia* different from any other pneumonia case? All have the basic symptoms (in more or less degree) and it is up to us to determine what constitutes this difference. That is why we have determinative symptoms—to determine a drug—finish the job.

We pointed out that the best way to get determinative symptoms was to inquire under four heads: mentals, modalities, common symptoms (qualified) and unusual or rare symptoms. Questioning the hypothetical patient under four heads we learn that mentally he is irritable and restless.

As to modalities we observe that he is uncovered and constantly complains of the warm room. Also, he is worse at night and the right side is the involved one. Under the class "common qualified symptoms" we have the symptom "headache," but it is qualified because he says it is constricted—like a band. Cough is a common symptom in pneumonia, but this patient's pneumonia case has a cough which is worse from a warm room and aggravated on his back, together with pain in the larynx.

Here, there are two "strange, rare, and particular" symptoms which have a deciding value in our selection.

They are the constructive feeling about the heart and the willingness to take food—the actual hunger of the patient which is certainly unusual in a febrile case and an unorthodox finding (and therefore valuable).

Now, checking these determinative symptoms against the known pathogenesis of Aconite, Bryonia, Phosphorus, and Iodine (by reference to the *Materia Medica* and repository) we come to the conclusion that only Iodine has the majority of symptoms and is especially noted for the two unusual symptoms, the heart sensation and the appetite.

Such is one method of selecting the curative remedy. It is surprising once the symptoms are down on paper, how much easier the whole process becomes. All difficult cases should be tabulated in this manner and even at the bedside it is well to make a mental analysis of the two groups of symptoms, checking one against the other. Not every case shows all types of determinative symptoms, but it is good policy to keep in mind the little formula for their elicitation: "Mentals, modalities, common symptoms and rare."

Further points on case taking will be taken up under "bedside practice" in the next chapter.

CHAPTER TEN

APPLICATION OF HOMOEOPATHY

Need of Pathology—A knowledge of pathology of the disease is necessary to interpret the symptomatology obtained and prescribe the true Homoeopathic remedy not merely the seemingly Homoeopathic one. In other words, our Homoeopathic relationship implies similarity in the mechanism as well as expression or description of a symptom. Isolated symptoms from drug provings and *Materia Medica* do not do this for us and, therefore, we must be on our guard.

Thus, "Jaundice" is a symptom but can be produced in several ways. In selecting a Homoeopathic drug, we want one which will produce jaundice in the way that the particular disease produced it. The obstructive jaundice might call for a drug like *Myrica* or *Hydrastis* but a jaundice of blood origin would more probably correspond to *China* or *Arsenic*. Many drugs have dizziness but this symptom is produced in different ways. It may be aural, gastrointestinal, metabolic; and each type should have a drug that produces vertigo in a similar manner. Here our choice might be *Conium*, *Cyclamen*, or *Plumbum*. Constipation is produced in many ways. Whether due to

spasm or atony, make a difference in the drug selected. We must match in mechanism as well as in name. Again, the fever, restlessness and so on, of typhoid fever, might call to mind Aconite—but a little thought will show this to be but a partial and apparent Homoeopathic relationship. Pathology would interpret the fever, the restlessness of the typhoid patient and associate them with the coming prostration, the septic condition, the asthenia—conditions wholly foreign to Aconite which can deal only with Sthenic inflammation and healthy blood. In other words, *the sequence of symptoms should correspond to the known pathogenic process of the drug selected.*

Pathology which is present is not so helpful after an organic disease has become established. This is beyond the point when Homoeopathy or any other method is very successful. In such diseases, the beginning complaints—prodromal symptoms—are a better guide.

Cases Without Characteristic Symptoms

There are cases where it is almost impossible to obtain any very characteristic symptoms and because of the fact all therapeutic results, by any method, are mediocre. Such cases, come into our office and say succinctly, "I have high blood-pressure," "I suffer from gas," "I have a severe cough," etc. In such cases, the only plan is to take this basic complaint and give a clinical remedy which has this symptom well marked and to

proceed under one of the methods mentioned in a later paragraph.

Drug Relationships

This is another factor which is of practical importance in the application of our *Materia Medica*. The usual classification based on the main action of the drug in question is not satisfactory for Homoeopathic purposes though adequate enough to express the crude general effect. If we accept the U.S.P. classification of such of our Homoeopathic drugs as appear there, we arrive at misleading conclusions regarding the drug's real value and scope which are distorted and curtailed in the effort to harmonize with certain standards. Thus, for Homoeopathic use, the fact that *Lycopodium* is a protective, *Nuxvomica* a bitter, *Ipecac* an expectorant, *Aconite* a depressant, and *Arsenic* an alternative—such generalizations convey nothing to help us in our method of drug therapeutics. Indeed, as we consider each drug an individual entity, it becomes increasingly difficult to classify and only broad generalizations can be indulged in without error. A few relationships, however, are academically important for purposes of study and they are also of some practical value.

Similarity of origin or family relation means that a group of drugs belongs to the same botanical family or chemical group. It is not difficult to note certain great

features common to these drugs. Unusually such features are caused by a common alkaloid or active principle. Thus the Solanaceae family has certain alkaloids in common (Atropin, Hyoscine, and Hyoscyamine) and their toxic effects are much alike due to this fact. There are about twenty alkaloids in Opium and this family (Papaveraceae) also contains our drugs Sanguinaria and Chelidonium. Aconite, Pulsatilla, and Cimicifuga all belong to the Ranunculaceae family. One would make a great error, however, to pick out the most important drug of one of these families and consider this knowledge sufficient for Homoeopathic application of the others. There is no short-cut to a drug's individuality. For example, Sanguinaria, Chelidonium, and Opium though of the same family have vitally different symptomatic indications such as can only be obtained by proving. This is because though containing similar alkaloids they are different in amount and relationship.

Antidotal Relationship— We do not refer here to the well-known physiologic and chemical antidotes.

Homoeopathic antidotes destroy the existing action of a remedy in the body. Similarity of action is the basis of this antidotal phenomena. Thus, Anacardium antidotes Rhus, especially on the skin. Hepar to Mercury, Coffee to Nux vomica, Camphor is the most important

general antidote nullifying most vegetable drugs. The proper antidote for each drug is listed in the *Materia Medica*.

An interesting and little-understood phase of antidotal relationship is the power of a higher potency to modify the action of the same drug in a lower potency. We make practical use of this with a few drugs, notably *Rhus*. Poison Ivy is best treated with a high potency of *Rhus toxicodendron*.

Concordant or Compatible Relationship—Hahnemann first made the practical observation that certain remedies act better if given in series: They are not of the same family but of wholly dissimilar origin and if given following one another they accomplish more than either alone. The best example is the *Lycopodium*—*Sulphur*—*Calcarea* triad for many chronic cases. In acute patients it has been found that such drugs as *Belladonna* and *Mercurius*, *Pulsatilla* and *Sepia*, *Kali phos.* and *Ignatia*, follow each other well.

Complementary Relationship—Complementary relationship is somewhat similar in as much as they must be compatible, but here work done by one remedy is completed by another—complementary action.

This relationship is especially useful in organic diseases where the person is under medication a long time.

For example, work begun by Apis is finished by Natrum muriaticum. Aconite is often best followed by Sulphur; Chamomilla by Magnesia phos.; Belladonna by Calcarea, etc.

Though by no means a rule such practice is often suggestive and time-saving.

Inimical Relation— This is the very opposite of the above. There seems to be a lack of harmony between certain drugs. This may be so marked that, when following each other in the treatment of a case, disturbances that are hard to analyze make their appearance. Such a relation seems to exist between Apis and Rhus, between Causticum and Phos., Sepia and Lachesis, and others. Experience teaches that we should not use these remedies in series. It will be observed that all of the above drugs have a somewhat similar disease-producing power and hence this relationship, like antidotal relationship, depends on similarity.

We have no explanation for these phenomena but understanding that drugs are distinct entities with individual powers, we can readily see that certain forces can work advantageously side by side and others by mere contact upset the orderly progress of the case.

Bedside Practice

In the application of Homoeopathy, cases can usually be considered as either bedside cases or repertory cases.

If the former, our prescription is based on the symptoms present, but other factors attain importance. A man with a large general practice is apt to prescribe somewhat routinely for certain symptom groups—his results from such a method have been satisfactory and he sees no necessity for the detailed analysis of each case. Emphasis here is called to the use of symptom groups rather than disease. For instance, there are certain symptom groups (symptoms which are found together) in Pneumonia which practically always call for *either* Phosphorus, Bryonia, or Veratrum viride. Experience rapidly teaches a physician to recognize such a group and, hence, his work is much simplified. He does not give every pneumonia case Phosphorus, but varies his prescription according to the particular symptom group present. At the same time, this same experience teaches him to consider only a few suitable drugs.

The general truth holds good for all methods of therapeutics. The more remedies there are for a disease, the less reliable those remedies are. The very fact that there are so many drugs recommended brings with it the thought that none of them can be effective. Theoretically any drug may be indicated (in Homoeopathy). But the fact remains that our choice is confined to a minimum, which experience has shown to be suitable to the symptom group under consideration.

Our rules for prescribing at the bedside then might be summed up as follows:

1. Is there anything in the etiology of the disease which would help us to select a drug ?
2. Does inspection of the patient and his actions call to mind a remedy ?
3. Do the complaints of the patient correspond to the *characteristic* sensations and modalities of any drug which we can think of offhand ?
4. In a case which has "gone the rounds," are the symptoms present due by any chance to "drug-ging ? This is frequently overlooked.

Probably, several drugs qualify as possible remedies at this point. We next must reinforce our choice (or eliminate it) by the following questions:

1. Does the elective affinity of the drug correspond ?
2. Is this drug *seemingly* Homoeopathic or *actually* Homoeopathic ? *i.e.*, does it produce symptoms in the same manner that the disease produces symptoms in our patient ?
3. Is it capable of similar functional change, similar irritation, similar pathology ?
4. Does it correspond to the *stage* that the disease is then in ?

At times, drugs are loosely spoken of an "beginning,"

“mid-point,” and “end-point” drugs by which is meant that they, as a rule, are at the peak of their influence at these stages of disease. Thus, Aconite is most certainly a beginning drug—Bryonia one which comes in when disease is well-established—and Lachesis and Arsenic might be classified as essentially end-point drugs—the last stages of disease.

Having selected our drug, the next step is to decide how and when to give it. Only general suggestions are in order and the following are believed to be the crystallized experience of the *majority* of the school. This does not mean that it is the best, and indeed it has little resemblance to the original rules laid down by Hahnemann. One thing is certainly true: Unless a man follows absolutely the direction for repetition, dosage, and preparation of drugs and is conversant with Homoeopathic philosophy, he has no right to say, “Such and such remedy failed me.” It is the author’s belief that very successful Homoeopathic medicine may be practiced as outlined in this book, but he is fully aware that it falls far short of what many consider the proper teaching of Homoeopathy. No method is above challenge, and for the majority of medical cases, the following suggestions seem best:

1. Give a sub-physiological dose.

2. Improvement calls for less frequent dosage and possibly a higher potency.
3. The more clear cut the determinative symptoms, the more justified we are in using a higher potency.

There are other considerations that come up, but these are the three main principles of Homoeopathic dosage.

In general, when a drug has carefully worked out, the tendency is to give a few doses several hours apart and await results. This is applicable to chronic ailments. It is based on the fact that we want to determine the reaction of that patient, and see whether his symptom disappear from "above downwards, from within outwards, and in the reverse order of sequence." In regard to the potency used, it will be found that the more carefully a drug is prescribed, the more often one will use a high potency. Sometimes quite definite aggravations follow a good Homoeopathic prescription when too low a potency is employed, and it goes unrecognized, the physician simply thinking that the case become worse. All this emphasizes the fact that Homoeopathic drugs are not to be lightly used, and their reaction is to be watched for in precisely the same manner that one would look for manifestations after giving a dose of vaccine. During the

interim, the patient's natural anxiety in regard to medicine is to be taken care of by judicious resort to a placebo.

In acute cases, much more frequent dosage is used and required. In the first place, our prescription is not so exact, being a bedside one, and, therefore, aggravation is not so apt to follow. It is probably a "similar" one, but not the "simillimum." Then, it is certainly a debatable question as to how much and how frequently the body needs this drug-help or stimulus. When the body resources are constantly being called upon to expend vital energy, it seems but logical to aid these forces as frequently as possible. The fact that it is an acute disease also accounts for more frequent changes in the remedy to meet the changing totality as the disease progresses in that patient.

Constitutional treatment is particular too, and may only be accomplished by Homoeopathy. It has a wide field in pediatric practice and is suitable to many chronic diseases. Such a course of Homoeopathic treatment is not accomplished in a week or a month, but truly astounding results accrue after a sufficient length of time has been allowed. It is preventive medicine in the best sense by which pathological discrasies are aborted or cured. All treatment of difficult cases is constitutional, and it has

been found that a certain class of remedies are best for this purpose. Such Drugs profoundly effect metabolism and physiologic processes, in contra-distinction to the more superficial remedies whose sphere is functional change and whose action is comparatively short.

Constitutional prescribing is never undertaken at the bedside but only after a most exhaustive examination, with due regard to history, physical examination, and laboratory findings. The method differs in nowise from that already outlined in the selection of the drug, but usually requires repertory study and its further consideration will be taken up under the chapter, dealing with Chronic Disease and the Repertory.

Tissue remedies are of constitutional nature, but are often prescribed without this careful analysis, mostly on the grounds originally outlined by Schuessler who introduced them. They are especially valuable, if exhibited during the convalescent period of the disease. They also have well-marked pathological pictures which make them a favourite with men who incline to let this be the criterion of their prescriptions. There are twelve tissue remedies.

Tissue remedies are given on a "deficiency" basis. This theory teaches that an unbalanced or deficient inorganic salt content in the cell manifests itself by profound structural and functional changes to which the

name of numerous diseases have been given. Dr. Schuessler, the originator of this method, when challenged as to whether this deficiency was cause or effect made answer that "It is an effect (the nature of the disease), the cause being a foreign irritation... which can cause a deficiency of a cell salt."

What interests Homoeopaths particularly is the fact known to us that an abundance of a certain cell salt in the blood or food does not mean that this substance is capable of assimilation—if the body is diseased. Thus, in chlorosis, iron may be given in material doses. It is not the amount but the catalytic effect. The body is perfectly capable of taking up iron from the food, if given the proper stimulus. Incidentally, Schuessler does not recommend iron in chlorosis but *Calcarea phos.* This furnishes a better stimulus to take up iron than iron does itself. We know that the same conditions hold in regard to the absorption of *Natrum muriaticum*. Thus, a person can be taken all sorts of salt yet it requires an attenuated preparation to readjust the body metabolism. The same is true of *Calcarea*, *Sulphur*, and other organic medicinal agents.

We cannot enter into a discussion of the truth and falsity of Schuessler's theory here—but simply state that the theory has caused a great deal of investigation into this class of drugs and some at least have been carefully

proved. Whatever their mode of action, there is no doubt as to their therapeutic value when given on indications outlined in the Homoeopathic Materia Medica.

Clinical Remedies— This is the name given to those drugs which have had a partial or incomplete proving, but whose efficiency has been demonstrated at the bedside. Usually, their entrance into the Materia Medica has come about in this wise: A physician would start to prove an unknown drug and notice, for instance, particular symptoms in the urinary tract. Having found out the elective affinity of the drug, he would give this to a series of renal cases and note its effect. Besides its beneficial effect in the urinary field (if present), he would observe clinical and curative symptoms which disappeared under this same drug in other parts of the body. From such data a clinical pathogenesis was constructed and, if the drug action was confirmed by other observers, it was incorporated into the Homoeopathic Materia Medica.

There are many reliable clinical remedies in the Materia Medica such as the tissue remedies and many of the drugs spoken about in Hahnemann's "Chronic Diseases." Clinical remedies like clinical symptoms depend on the integrity of the observer for their value. In spite of this drawback, we personally have the greatest respect for verified clinical remedies and many of the most brilliant

results from Homoeopathic treatment can be traced to the use of one of these drugs.

As a rule, clinical remedies are given in dosage corresponding to that recommended by the original investigator. In most cases, it consists of drop doses of the tincture or lower potencies.

When a case only presents one or two complaints, often a clinical remedy serves better than an incomplete totality. Illustrations are: *Granatum* for dizziness, *Uva ursi* for pyelitis, *Kali mur.* for follicular tonsillitis, *Magnesia phos.* for crampy pain, *Napthaline* for whooping cough, etc.

Use of the Repertory

In complicated cases, where the symptoms do not point clearly to any one drug, it is necessary to make use of the repertory. A repertory is a compilation of symptoms arranged for ready reference where all drugs having a particular symptom are grouped under such a heading. This heading or caption is known as a rubric. A rubric then is followed by a list of drugs which have this particular symptom. As all drugs have symptom in greater or less degree, the quality of type denoting the drug also shows characteristic this symptom is. The secret of successful use of a repertory is to acquire thorough familiarity with any one of the numerous ones by constant

reference to it. This is necessary because the language of the repertory may be different from the language of your patient who describes his symptom, yet both mean the same thing. The use of the repertory is certainly an art in the highest sense, calling for nice judgment and sound evaluation of symptoms. Time consumed is great, but no more so than in many diagnostic procedures which do not pay such valuable dividends.

There are a number of repertories on the market Boeninghausen, Boger, Kent, and Knerr are general in type and there are a number of special repertories dealing with certain diseases only such as Bell on Diarrhoea, Pulford on Pneumonia, and several *Materia Médicas* also have abbreviated repertories as part of their text, such as Royal, Neatby and Stoneham, Pierce, and Boericke.

The ideal repertory deals only with symptoms yet there are also so-called *clinical repertories* which, instead of using a symptom as a heading or rubric, employ the name of a disease, thus grippe or influenza would be followed by such drugs as Gelsemium, Rhus, Eupatorium.

Certain general characteristics are common to all. In the first place, the case must have been taken in detail, preferably on a chart of the "B" type (page 153). Having obtained an adequate list of both classes of symptoms, we can now proceed to select one which will serve as an

eliminative symptom. Elimination is the object of all repertory work. We cannot consider all drugs. All eliminative symptoms is usually (not always) a determinative symptom, on which is a feature of that person's individuality of his reaction to environment. Given such a symptom, we argue that inasmuch as the drug to be selected must have this particular symptom, being such an integral part of the picture, it follows that we need only those drugs which do have this eliminative symptom and use this as a major list. It will be seen that we assure that in this list there is one drug which has the totality of symptoms. This is a tremendous short-cut and very convenient if the eliminative symptom fulfils the requirements, but it is easily seen that a mistake here invalidates all subsequent work, hence, it is usually wise to add to the eliminative or major list such drugs as are seen to recur consistently in the various rubrics consulted. A satisfactory eliminative symptom then should have two characteristics:

1. It should be an individual or vital attribute of the disease in question.
2. It should be followed by a moderate number of drugs. Usually they are to be found among the general modalities, the mentals, or qualified common symptoms of the case.

Having obtained our list of drugs by means of the

eliminative symptom and added to this list other likely drugs from our general knowledge of the case, our next step is to pick out the symptom which we will use for repertory reference. These are arranged at the top of parallel columns in order of importance. (See Chart C, appendix.)

The determinative symptoms make up the bulk of this chart but enough basic symptoms should be included to clearly picture the case. For instance, such basics as, vomiting, dyspnoea, weakness, fever, cough, polyuria, should be included in repertory analysis. If several drugs have the majority of the determinative symptoms then, of course, the one which has the basic symptoms most marked is to be selected or vice versa. A beginner is always inclined to choose the wrong eliminative symptom for repertory work. Thus, he picks out representative symptoms such as the above and checks these against the modalities, etc. This is an unsatisfactory and tedious process and has been the cause of many physicians abandoning the repertory as impracticable. Always work from "General" to common symptoms. If we keep in mind to deal only with generals in repertory work, our task will be cut in half and we shall find that the common basic symptoms fit in in a marvellous manner when our choice has been made.

We have tried to emphasize the importance of the

initial or major list of drugs with which to work. Once this is obtained, as indicated above, we have but to check against this list the other symptoms in the case. In practice, the list of drugs is usually written in a long column at the margin of the page, the top is reserved for a symptom list in order of importance. (See Chart C, Appendix.) Every symptom will have a list of drugs in alphabetical order, some in bold type and others in fine. Now, all we do is to put a check mark opposite those drugs in our *original major list* which appear again under the caption of this new symptom. We pay no attention to the rest in that particular rubric. Thus, we find that perhaps half the drugs in our original list have also this second symptom. We proceed with the other symptoms in exactly the same manner, and finally, we find that one or two drugs have almost all of the symptoms making up the repertory analysis. Then our choice is determined by referring to the *Materia Medica* in prescribing that drug whose pathogenesis suits best.

In very large rubrics, and where a particular symptom is a very marked characteristic of the patient, we only consider those drugs which are bold faced type or italics. This is simply matching relative importance of symptoms and has already been mentioned above. For instance, if weakness were a marked characteristic of one case, on looking up in the repertory, weakness, we find

innumerable drugs but only a few are in black type. We should choose these, abandoning the rest. In cases where there are more than one eliminative symptom of seemingly equal value and further, each symptom calls for a very different set of drugs, it is best to combine them both and use the resulting list rather than run the chance of missing the proper drug. To illustrate the above method in detail, a short case is given in the appendix. (Appendix D and E.)

Dietary Treatment— Hahnemann held most enlightened views of diet and hygiene. He recognized and protested the wholesale use of coffee, tea, tobacco, and alcoholics, yet withal he was practical and his advice well balanced. He pointed out that diet can do much but not all. He warned against the overuse of condiments and causes and was against adulteration of food. He also pointed out certain substances which impair action of Homoeopathic drugs. In acute diseases, he pointed out that the instinct of the patient usually guides him aright and his cravings can be judiciously gratified.

Adjuvant and Local Treatment

Simple measures are permitted, Hydro-therapy, massage, and physio-therapy in suitable cases. Local applications should be soothing rather than stimulating: Epsom salts, flaxseed, cornstarch, and olive oil. This is

especially true of skin disease unless frankly parasitic in nature. "Suppressed eruptions" refer to the possible complications in other organs and symptoms from a skin eruption which has been healed locally. Thus, untoward constitutional effects though not invariable and possibly delayed are none the less real and furnish at times valuable etiologic data for constitutional treatment. Such necessary application to allay itching, absorb exudate, and soothe denuded surface, should always be of simple nature. Highly medicinal lotions and ointment have no place in proper Homoeopathic treatment. In these days of highly advertised patent medicines, it is well to bear in mind that camphor is a frequent constituent of sprays, rubs, salves, etc., and this is a general antidote for Homoeopathic drugs. Many Homoeopathic remedies are used locally and at times along with internal administration, thus *Calendula* is one of our most prized dressings. *Hydrastis*, *Thuja*, *Hamamelis*, *Capsicum* and *Sulphur* are all used externally and internally in suitable cases.

Progress of the Case

The sequence of events from the therapeutic standpoint depends a good deal as to whether it is acute or chronic.

In acute cases, amelioration follows in direct proportion to the closeness of the Homoeopathic relationship

bearing in mind of course the natural course of the disease in question. Fortunately this relationship is a *relative* thing and a reasonably similar drug acts favourably or palliatively leading to a satisfactory though possibly delayed recovery.

Any of the following phenomena is evidence of a close Homoeopathic relationship.

1. Short aggravation of symptom. This sometimes happens under the following conditions: (1) a particularly good selection, (2) if the patient happens to be hypersensitive to the drug, (3) if the potency used was too low.

Any of the above is a curative phenomenon of the remedy from the Homoeopathic standpoint and is not to be interfered with except to stop medication which follows on the heels of this aggravation.

2. General amelioration of symptoms.

3. Appearance of new symptoms: such symptoms may be effects of the remedy or new developments in the disease. If there is at the same time *general improvement* they need not be considered as such symptoms will disappear.

4. The mental condition and general behavior of the patient if more tranquil and natural is the most certain and intelligible sign of incipient improvement and will soon be followed by physical relief.

A further review of the case is required and a new remedy is to be chosen when :

1. The mental state shows an embarrassed helpless attitude.
2. When no change of any kind follows after waiting a reasonable time (over night is best) or several days in chronic diseases.

Dosage In Practice

Our attitude here varies for it makes a difference as to whether we are dealing with acute or chronic cases. Richard Hughes puts the matter clearly when he says, "the object of attention is two-fold—to avoid aggravation and collateral disturbance (bi-effects) and secondly to develop the particular properties of drugs. Now in the acute, typical disorders—the severe inflammations, catarrhs, neuralgias, and spasms—which constitute the bulk of our daily practice—the first-named objective need alone be sought. The medicines with which you combat them are *such as are already active in their crude state*. You only need it to protect your patients from their over-activity, in other words see that their physiological action is wholly absorbed in their therapeutic action. For this purpose but moderate attenuation suffices." In chronic cases, (and suitable acute cases) where drugs such as Sulphur, Calcarea, Lycopodium, Sepia, Silicea, Natrum muria-ticum are selected, definite surface development of

Homoeopathic potentiation is needed. Besides the above, experience has shown that other Homoeopathic polychrests though effective in low potencies are particularly active and have a wider range of action in higher potency. *As a general rule the low potencies tend to limit the therapeutic sphere of a drug.* The process gone through in preparing Homoeopathic potencies amplifies the range of a powerful drug and endows a feeble drug with definite therapeutic properties. Failure to capitalize this general truth is the cause of many failures by Homoeopathic physicians. We have repeatedly seen excellent Homoeopathic relationships but wretched choice of potency.

From the foregoing we may formulate certain rules which however, are only suggestive:

1. Use medium potency first (3x to 6x) unless your knowledge of that particular drug counsels otherwise.
2. So long as improvement shows itself do not change the remedy but lengthen the intervals between doses and, if still improvement, stop all medication.
3. The less physiological action the drug has the higher potency for Homoeopathic therapeutics (Sulphur, Calcarea, Silicea, and Sepia).
4. If a case has improved and then gone back, usually it is better to give a higher potency of the original medicine than to change.

5. Before making a new change, look up the complementary relationship.

6. The higher the potency used the greater the interval before repetition.

Special Considerations

In the practical application of Homoeopathy which has been going on now for 125 years it is but natural that a number of special aids or "short cuts" have crept into its practice. We propose to consider some of these Homoeopathic By-ways at this time. A few have already been spoken about: the (1) Pathologic-anatomical relationship which is an aid in selecting a remedy; (2) locality or elective affinity; (3) etiology of the disease.

We have next to speak of synthetic creations of our symptomatology—so-called Homoeopathic constitutions divined by Hahnemann and Hering principally. By the above we mean the correspondence of certain drugs to certain diatheses, temperaments cachexias, and reactions. It was found that certain drugs are most active in a distinctive type of individual—and if our patient happened to be of this make-up this was considered presumptive evidence that his symptoms would be relieved by this drug. In such a way we capitalize the "flabby sweaty" *Calcarea* baby, the "sympathy-craving blonde" *Pulsatilla*, the "Arsenic anguish and cachexia" and the full-blooded

plethoric" Belladonna with its violent reaction. Such practice is by no means infallible but is certainly most helpful and has stood the test of time. Certain Homoeopathic authors, notably Kent, have been remarkable for their ability to personify and vitalize a dry drug pathogenesis in this way. A subconscious appreciation of such data is behind all successful constitutional prescribing.

Another by-path or short-cut is Isopathy (*Æqualia aequalibus*). This usually refers to the employment of morbid products of disease for the cure of that same disease. It is of very ancient date and has been periodically revived, only to fall back into disuse. To suppose that every disease has within itself its own antidote is too good to be true, but in selective cases benefit has been observed. The early Homoeopaths were quick to see the close relationship between this therapy and Homoeopathy, and Lux, Hering, Burnett, used attenuated virus for the treatment of Rabies and Phthisine (tuberculin) for Tuberculosis 40 years before the latter's general (and disastrous) acceptance by medical men.

The name given to such products by Homoeopaths is Nosodes. Only a few are in general use, chief among which are Tuberculinum, Psorinum, and Medorrhinum. They have proved and hence take their place like any other drug. To apply them empirically for similar dis-

cases is Isopathy and occasionally in chronic cases this method is resorted to. Isopathy is not Homocopathy. There is a theoretical similarity only. Because a person has had Gonorrhoea does not mean that Medorrhinum is the remedy. This may be so, but in order to expect any kind of results the symptoms exhibited should resemble the pathogenesis of Medorrhinum. In Isopathy, no such proviso obtains. It is a simple rule of thumb doctrine and like all such is by no means reliable.

This discussion brings to mind the fact that physicians usually think in basic symptom groups (diseases) which convey an average picture to us in a word. This average word is not a proper basis for a Homoeopathic prescription though it is quite sufficient for ordinary drug treatment.

This is because there is no individuality. It is this difficulty that make statistical case reports so misleading from the Homoeopathic viewpoint. Thus, if we started out to give every case of pneumonia Bryonia in order to test its value the results would not be a fair test and furthermore would not be Homoeopathy. Why? Because we use a disease entity, regardless of type instead of a disease picture containing the symptoms which Bryonia could relieve. In order to be authentic, such a series must consist of selected cases and this is impracticable. On the

other hand, we could test a serum in this way and the test would be fair because there is nothing in serum therapy that calls for individualization. No one expects Huntoon's Antibody to help a type 3 pneumonia case—it is not according to the rule. The same principle applies to Homoeopathy and unfortunately there are at present no laboratory tests to tell us when a case needs Bryonia. We must depend on art and not science.

Keynote Prescribing

This method is another short way of arriving at the indicated drug. It is simply a method of matching characteristic symptoms—the “keynotes of the drug.” All of our polychrests have some of these. Thus, the “oppression of the chest” of Phosphorus, the fear of Aconite, the sluggishness of Gelsemium, the characteristic time aggravation of Kali carb. and Lycopodium or the cracked thick skin of Petroleum. If any such symptoms are marked in a case we unhesitatingly give the corresponding drug. Many brilliant results have been obtained by this method and perhaps in bedside work we all practice it more or less unconsciously. It is surprising how often the other symptoms of a case fit in with the drug we have selected by the keynote system.

CHAPTER ELEVEN

THE PHILOSOPHY AND NOSOLOGY OF HAHNEMANN

A physician deals with disease. Disease is altered life. The causes, reasons, and laws to explain this phenomena of life constitute medical philosophy. It is a search into the reason and nature of things and is further quite personal and theoretical. Medical teaching has left this subject severely alone, being satisfied with the materialistic study of agents which can alter life. The modus of such operations being hidden from the microscope and test tube are, therefore, not suitable material for teaching and demonstration.

So long as a therapeutic action can be explained on this demonstrable plan it is a satisfactory and practical medical philosophy. If a therapeutic action cannot be explained by this ocular method, a new philosophy that will explain it must be sought.

Hahnemann's philosophy was created to explain certain new effects. Thus, the efficiency of attenuated drugs, the successful application of the principle of similars were the two facts. Medical philosophy as then understood did not help him, hence the need of a new conception of vital processes.

The fact that in Homocopathy we do not treat the part, but the whole, was probably the starting point of his thinking. Hahnemann was a vitalist. He saw in the body but an organism made up of the material particles, in themselves dead but vivified and adapted to the real living man, the spirit within. The connection between this spiritual and immaterial being, on one hand, and physiologic function, on the other, was accomplished by the supposition that there existed a vital force which he designates "*Dynamis*."

Dynamis, then is the formative force of the organism, the immediate cause of every functional activity and of all metabolism. Altered or deranged dynamis is the immediate cause of every malfunction or changed metabolism—in other words, disease. Only the vital principle thus disturbed can give to the organism its abnormal sensations and incline it to the irregular action we call disease.

If this be so then, to really treat the *cause* of disease we must treat the dynamis of vital force and, this having been adjusted, functional and organic cure automatically follows. According to this conception we see the folly of trying to adjust this intangible dynamis with crude physiologic medication aimed at gross results of disease. At the same time, we have a theoretical conception of why attenuated drugs are able to set in motion great bodily

changes; presumably, they adjust the dynamis and, hence start a natural curative cycle.

Thus, we say that, according to Hahnemann's philosophy, causes are invisible, results are visible. If we wish to treat the cause of disease, we must seek an agent delicate enough, and individually specific. The Homoeopathic potencies fulfil the first qualification and the application of the law of similars the second, always assuming that there is an adequate symptomatology on which to select the latter.

Hahnemann's Nosology

The classification of diseases adopted by Hahnemann includes two types: acute and chronic.

Acute—Acute diseases originate from deficient hygiene, dietary errors, physical agents, and bacterial infections.

Chronic—Chronic diseases as such, consists of infections from various sources and moreover, the vital powers unaided are unable to extinguish them. The three most important causes of chronic disease according to Hahnemann are:

1. Psora.
2. Sycosis.
3. Syphilis.

Psora is a symptom-syndrome resulting from long

standing non-venereal infection which shows a skin phase in favourable cases and failing this is the cause of various organic diseases.

Homoeopathy has certain remedies which are termed "antipsoric" and whose favourable action is often manifested by the appearance of eruption or discharge. We regard either of the latter as a favourable development construing it as a sign that nature is making an effort to localize on the outside of the body the morbid agent. We may observe in passing that recent work has shown that the skin is an important factor in elaborating protective bodies.

The thought that we are dealing with Psora and hence need an antipsoric remedy is brought about by certain observations and deductions which regardless of theory have a practical value in treatment thus:

1. We observe that the regular clinical course or convalescence of a disease is being distorted and complicated by factors not readily apparent.

2. Remedies, apparently indicated according to the principle of similars, fail to accomplish what as a rule they ought.

3. Previous history of severe infection, ill effects of inoculation, suspected, but unidentified focal infection.

Given any one of these factors to start with, the physician does well to pause for the moment and consi-

der whether or not constitutional medication by means of the so-called antipsoric drugs might not be a sound therapeutic measure. The following, though not a complete list, are the chief antipsoric drugs used for this type of constitutional medication: Sulphur, Calcareo, Lycopodium, Sepia, Silicea, Natrum mur., Graphites, Arsenicum. In general, these medicines show their greatest value in highly attenuated form and should not be frequently repeated. They are best given in the morning and no food or drink taken within a half hour. Menstruation is not a good period for such medication but pregnancy offers a most favourable time as the organism is then in a specially receptive state for the eradication of chronic disease.

Of late years, appreciation of the practical value of psora has been lacking. Modern Homoeopaths have justly discounted the itch mite as the causal factor of this complicated symptom-syndrome and pointed out that such a condition might be expressed by any number of unrelated and separate diseases, chief among which are tuberculosis, focal infections, and so-called chronic intestinal intoxication. Granting that this might be the case and that Hahnemann was mistaken in his original assumption, yet surely this does not invalidate his suggestion for treatment for it is a cardinal rule of Homoeopathy that the symptoms, not the disease, constitute the

basis on which to select the drug. Now, the symptoms of psora exist to-day and will exist tomorrow. It matters not what labels are attached to these stigmata. *Hahnemann gave a general name to the obstacles retarding a cure and defined the obstacles in terms of symptoms.* We recognize several disease entities as being causal factors but do well to apply his symptomatic therapeutics. Hahnemann worked 10 years before publishing the book on Chronic Diseases which came out in 1828 and it contained many new drugs for their treatment, some of which have already been mentioned.

Sycosis. This was the second cause of chronic disease according to Hahnemann and it, together with Syphilis, constitutes $1/8$ th of all chronic illness, the other $7/8$ ths having their origin in psora. Sycosis might be considered a chronic gonorrhoeal intoxication or cachexia. Specific urethritis is a comparatively mild disease but may become chronic depending on the patient and type of treatment. We are led to think of sycosis as a cause when a specific history is admitted and also when the following objective symptom groups occur: Great muscular debility, anxiety, phobias, and depression. Also, when the well-known pathologic manifestations of this disease are present such as arthritis, salpingitis, sterility and certain types of dysmenorrhoea. Appendages

are affected at times—Lack-lustre hair, distorted finger nails. This diathesis predisposes of condylomata which are an especial hint for Thuja—the chief remedy for sycosis.

Syphilis. Hahnemann's appreciation of the ravages of syphilis both in its acquired and hereditary form agree with modern facts and need not be discussed here. We take this opportunity, however, to state that Homoeopathic methods may be applied to the treatment of syphilis with benefit. So-called specific treatment by means of the arsenicals, mercury, bismuth, and iodines is not by any means completely satisfactory. And indeed the increase of cardio-vascular lues since their introduction cannot but be suggestive. Speaking generally, we would say that the "Salvarsan fast" case, the hypersensitive case and the tertiary lessons of neuro-syphilis offer definite Homoeopathic indications. In the first type Hepar sulphur is a rather empirical remedy and in the latter types the Homoeopathic anti-syphilitics.

General Suggestions for the Treatment of Chronic Diseases

1. Consider carefully whether the symptoms and signs present might not be attributed to the effect of previous drugs and medical treatment. If so we must be guided accordingly.

2. Rule out venereal infection.

3. Ascertain the influence of previous dietary and hygienic faults.

4. In those cases of chronic disease presenting only one or two prominent symptoms it is best to give a likely remedy bearing in mind that this drug will probably excite other symptoms which will appear in due course. The real prescription fitted to the case should be selected from this new totality of symptoms. In this way a Homoeopath often "clears his case" with drugs like Nux, Sulphur, or Opium and then in the next visit takes the case in the manner indicated.

5. The progress of our patient is not always easy to analyze because these chronic cases will always have new symptoms and possibly old aggravations. Hering's rule is always helpful to evaluate the significance of symptomatic developments. "Symptoms should disappear from above downward, from within outward, and in the reverse order of their coming." This means an orderly convalescence, though it be not obvious to the causal observer.

Also in these cases we distinguish between changes occurring in vital organs and those in superficial tissues and non-vital organs. Thus old skin eruptions and discharges may return or adenitis and previous rheumatic or

point pains are noticed—this is suggestive of true progress even though the patient may not realize it. But if physical symptoms disappear and vital organs show signs of advancing disease, then in spite of our medication we know that we have failed. Thus in the prevailing treatment of syphilis—rash, angina, and malaise disappear to the patient's great delight, but whether or not this is a true disappearance or merely a suppression which may return to do internal damage in later years by cardio-valvular and neuro-syphilis manifestations is a delicate question, especially with a persistent positive Wassermann.

CHAPTER TWELVE

THE PREPARATIONS OF HOMOEOPATHIC MEDICINES

Pharmacy is the art of preparing drugs for use and dispensing them as medicines. Although accuracy is the basis of every method, it is doubly important in Homoeopathic pharmacy whose distinctive feature is simplicity. The United States Homoeopathic Pharmacopoeia deals with the preparation of Homoeopathic drugs and corresponds to the United States Pharmacopoeia. (Regular). A new edition of the former book is in process of preparation and in this English edition an effort will be made to standardize pharmaceutical processes so it will no longer be necessary to have different homoeopathic pharmacopoeias for different countries. At present, there are three: British, German, and American.

Essentials of Homoeopathic Pharmacy—The pharmacy of medicine for homoeopathic use differs in many essential details from other and older methods. Cleanliness as required by Homoeopathy differs as much from that of the older pharmacy as the cleanliness of modern surgery differs from the practice of surgery before the days of our aseptic methods. It involves the most

conscientious care in handling drugs of different kinds and in keeping them from contact with each other, in storing them so as to protect them from vapors, odors and deterioration from physical agents.

Drugs for Homoeopathic use are taken from the three kingdoms of nature. In order to convert these substances into Homoeopathic medicines in such a state as will secure the ready and complete absorption we choose one of two processes (solution or trituration) such choice being determined by the physical state of the substance. Such a preliminary substance is the basis of our Homoeopathic potencies hence the necessity for starting with pure and active preparations. A discussion of potencies is reserved for a later paragraph.

The Menstrua used in Homoeopathic Pharmacy—
Sugar of milk (lactose, saccharum lactis) is the menstruum used for triturations and tablets. It is pure white, slightly sweetish and non-hygroscopic. The selection of this substance by Hahnemann as a general menstrua was a most happy one as the sharp flinty crystals are capable of reducing even hard mineral substances to an extremely fine powder.

Alcohol (Pure Ethyl) is the most important menstruum used in Homoeopathic pharmacy and must be of absolute purity. Evaporation should be immediate, leaving

neither stain nor odor. Mixed with pure water in any proportion it should remain clear.

Official or dispensing alcohol is used for making the liquid potencies and is best adapted for medicating disks or pellets. It contains 88 per cent by volume of ethyl alcohol.

Distilled Water—This is most essential because it is used as a solvent for many chemical substances and also for converting triturations into liquid preparations.

The Unit of Medicinal Strength—The dry, crude drug is the unit of medicinal strength. It is a starting point from whence to calculate the strength of every preparation (tincture or solution). In making triturations or solutions of chemical substances, the matter is very simple. The first potency or tincture being $1/10$ th of the crude drug. In a case of tinctures from plants, the dry drug also is a unit of drug power but as this is soluble in varying proportions in different plants the drug power of tinctures must first be calculated. (See paragraph on Tinctures.)

Some homocopathic solutions are subject to deterioration. The chemical salts should be made fresh. An example of this is ammonia carbonate, silver nitrate, etc.

Tinctures— These are made from plants and other substances wholly or partially soluble in alcohol. A few

are extracted by other more suitable means. The chief source of Homoeopathic tinctures is the fresh plant, also barks, roots, seeds, etc. When made from plants it is essential to obtain the *fresh*, flowering plant, the dried article being inferior, often inert. For this reason, Homoeopathic tinctures must be imported from the country where the plants grow and *in no case will it substitute the tincture made from the dry plant or worse still from a fluid extract*. In order to have uniform strength, in spite of the different water content of plants (some being more succulent than others) the dried crude is taken as a starting point from whence to calculate the strength of the tincture. This is readily ascertained by taking a suitable quantity of the fresh plant and weighing it, then drying and weighing again. The difference in weight will indicate the amount of water contained in the plant for which allowance is to be made in the use of the menstrua. It should be remembered, however, that while a dry crude plant is taken as a unit of strength the fresh green plant is to be used in the preparation of the tincture.

Triturations— A trituration is a preparation made by taking a given quantity of a drug and grinding it up in a mortar and pestle with a definite proportion of sugar of milk. Each potency calls for a separate and distinct triturating process. At least four hours should be consumed to make the first step and some drugs in the first trituration require a much longer time. All mineral subs-

tances, most chemical salts, animal substances, and certain vegetable drugs are thus prepared. Triturating them up to the sixth decimal potency makes possible liquid preparations as follows:

Conversion of Trituration into Liquid Potencies—Hahnemann proved conclusively and clinical experience has verified that beyond the sixth potency all medicines yield up their medicinal virtues to water and alcohol and can thus be prepared in a liquid state. In other words, this is such a fine suspension that even solid substances are practically dissolved. In this way all Homoeopathic medicines made from minerals may be converted into liquid preparations above the 6x. Since it is obvious that better mixture may be obtained in liquid than by means of a mortar and pestle it follows that when prescribing drugs above the 6x we should use a liquid preparation. The first step after the 6x of this process is accomplished by using a mixture of water and alcohol since sugar of milk is not soluble in alcohol. In succeeding steps dispensing alcohol may be used.

Liquid Preparations or Potencies—These have several different names but none of them convey a true idea of their composition. Thus, they are also spoken of as: "Attenuations," "dilutions," "decimals," "potencies," and "expansions." The last is, in our opinion, most suitable since it conveys the idea of increasing power by an altered physical state.

In practice such preparations are expressed by the letter "x" with the proper coefficient. Thus, Bryonia 3x would mean the third expansion of this drug and, of course, we would designate whether we wanted it a dry preparation (trituration) or a liquid (potency). Now-a-days Homoeopathic potencies and triturations are prepared on the decimal scale, in the proportion of one to nine, which makes each successive dilution or trituration contained just $1/10$ as much of the drug substance as the preceding one. The first potency is always the tincture and therefore has a drug strength of $1/10$. To make the 2x we take one part of the tincture (if we are dealing with liquids) and add nine parts of the alcohol. The resulting mixture contains $1/10$ the amount of the 1x preparation or actually $1/100$ of the original crude drug. Proceeding in this matter the 3x would contain $1/1000$ and the 6x one to a million.

These preparations are more than mere dilutions, however. It is an absolute prerequisite to go through the steps leading to a certain potency and thoroughly succuss or triturate each intermediate process. It is only in this way that the individual medicinal force is developed. Hahnemann called this process dynamization and perhaps "dynamic energy" is still the best way to consider this intangible property of Homoeopathy potencies.

That it exists there can be no question of doubt and to the practical physician this is enough.*

*Let us assume that we deal with medicinal energy instead of a medicinal substance. This is not a fantastic speculation, since no one knows just how drugs influence cell life. Why should we not control this energy and adapt it to our needs? There is certainly ample clinical proof that our potencies have a very special effect on living tissue. It would also seem that successive dilution and agitation are practically calculated to augment this energy, so far as we can judge from therapeutic effects. We have no right to speak of a powerful or weak dose of medicine unless we indicate what kind of power. Thus in ordinary medicine we speak of power to purge, power to sweat, power to slow the heart. In Homoeopathy we speak of power to nullify a certain symptom group, power to aggravate, power to modify a certain constitution. Both medicines may be powerful in their ability to accomplish their object yet not necessarily powerful in amount of dose. A very large dose would be powerless to accomplish one of the above homoeopathic objectives, and likewise a homoeopathic dose would be quite incapable of producing such physiological effects. Yet both have power in their own way. When we speak of the "power of potencies" we refer to the possible biologic effects which has no direct relation to the dose.

LIFE OF HAHNEMANN

1755—1843

No book dealing with Homoeopathy would be complete without a sketch of the life and works of the founder of this system of therapeutics. We can do little within the compass of such an article, but state the facts, accomplishments of this great physician. Numerous biographies have been written, chief among which is the monumental work by Dr. Richard Haehl of Stuttgart. in two volumes, which is a remarkable study of the original sources and a faithful reproduction of medical life and thought at that time.

Hahnemann lived in a restless age. Old and established dogmas, religion, philosophy and science were questioned and with this came doubt and change. Political institutions were shaken at their foundations. Men talked of liberty, of freedom of thought and action, in all departments of human endeavor.

In the very midst of these iconoclastic forces lived Hahnemann who, notwithstanding the outward serenity of his work, was most actively engaged in this destructive but at the same time constructive effort. And all this without entering politics, religion, or philosophy. He saw clearly that it was the practice of medicine more than any other department that needed reformation and teaching along new lines.

Medicine in Hahnemann's time was in a chaotic

state. Baseless theories, dogmatically taught, deducted observation or experiment—these ruled and formed the basis of equally fantastic therapeutics.

Well might Hahnemann, born into this state of things, exclaim: "The evil has become so crying that nothing but the fiery zeal of a rock-firm Martin Luther is needed to sweep away the monstrous leaven." But, regarding this, we must remember that the practice of medicine then was a far different thing from what it is today.

Hahnemann was born at Meissen, near Dresden, on the tenth day of April, 1755. His father was a painter of porcelain, a worthy and thoughtful man who from the very first endeavored to teach his son the value of thought. This inquiring attitude was a very early habit with young Hahnemann and it is this tendency to original thought which is the most characteristic attribute of his future professional career.

Hahnemann craved a classical education which his father could not afford but his teacher who had seen in the boy a promise other than porcelain painting interceded and satisfied the father's pride by letting the boy earn his tuition. And so, we find the astonishing fact that in his twelfth year he was entrusted to impart to his classmates the rudiments of the Greek language. Hahnemann was singularly fortunate in his teachers and the sound basis

on which he pursued his studies may be inferred from his own words, "I was allowed freedom in the choice of my subjects. I was less solicitous about reading than about digesting what was read and to classify it in my mind before reading further."

Early in 1775, he went to Leipzig where he supported himself by giving instruction in German and French and by translating English books. After many hardships, he received a degree of M. D. in 1779.

He now practiced in different towns but finally moved to Leipzig in order to be nearer the center of learning. Later, he accepted charge of an institution for mental diseases at Georgenthal where his successful handling and humane treatment of the inmates attracted much attention.

During this time he did much original work in chemistry, edited a great book, "The Apothecaries' Lexicon." and was spoken of as "this celebrated chemist," "One whom chemistry has to thank for many important discoveries." Another contemporary, in 1826 says: "Hahnemann is recognized as a good chemist, and has won for himself unfading laurels by his preparation of Mercurius solubilis and by his treatise on arsenical poisoning."

In 1784, five years after obtaining his degree, he published a very practical and original work, "*On the Treatment of Chronic Ulcers*," which was highly praised

in the medical periodicals of the time. This book is remarkable for the excellence of its hygienic rules. His observations on exercise, reaction, clothing, diet, pure air, his minute and careful directions in regard to the external use of cold water, were a long way in advance of the writings of his contemporaries and quite up to the mark of the more modern treatises on hygiene. In this, his first medical work, he regrets the absence of any guiding principle for discovering the curative powers of medicine. This shows the bent of his mind, and for the next ten or twelve years, his mind was much exercised with the endeavour to discover such a principle.

In 1789, he published a work, *"Instruction to Surgeons Concerning the Treatment of Venereal Diseases,"* which also had a most favorable reception. One reviewer speaks of it as "A profound and clear work." Another, "This is no ordinary work, but is written with an unusual degree of knowledge, reflection and original thought." The German medical journals at this period have frequent references to him as a capable physician of widely extended fame. And Hufeland, the leading physician of that day, speaks of him as "one of the most distinguished physicians of Germany, a physician of mature experience and reflection."

This was the pre-homoeopathic Hahnemann—a man of large practice, great learning, one who had made a

name for himself as a capable physician and scientific investigator. He had gained the respect of classical scholars, of hospital physicians and surgeons, of men of literature, of some of the first physicians of his time. He was acquainted with almost every ancient and modern language, with the literature of the medical profession of his own and ancient times. He was a great chemist, a good mineralogist and botanist, a sanitarian and an experienced, practical physician—an all-round scientific man.

This practically finished Hahnemann's active career as a practitioner before his discovery of the law of cure. Possessing every advantage of medical and surgical knowledge as then understood, yet his disgust with current medical practice grew with his experience and what success he had was unquestionably due to the high order of hygiene ordered and strong common sense, there being no surgery in the modern sense to fall back on and no collateral sciences to harbor such malcontents as he. The practice of medicine such as then existed could not keep him. He fell back upon his chemical studies. These together with translations of works on chemistry and medicine gave him sufficient to maintain an existence.

We have reached an important epoch in his life in order to understand which it is necessary to bear in mind that the brilliant capabilities of Hahnemann were

joined also to a sensitive, religious nature with a high professional ideal far above that of the common practitioner—an ideal and a sense of duty as keen and stern as that of a puritan settler. For this reason, he could not practice that which he did not believe but he went on with his reading and earned a living by translations. It was when translating Cullen's *Materia Medica* in 1790 that the birth of the thought occurred that marks a new era in his life and also indeed in medical practice. Hahnemann did not immediately write about this, but six years of constant study, experiment, and practical application followed. Then in the leading medical periodical of the day, Hufeland's *Journal*, he published an essay, "On a new Principle for Ascertaining the Curative Properties of Drugs." That historic essay marks the birth of Homocopathy.

In this essay, Hahnemann promulgates his conclusion thus: "Every powerful medicinal substance produces in the human body a peculiar kind of disease—the more powerful the medicine, the more peculiar, marked, and violent the disease. We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the disease we wish to cure that medicine which is able to produce another very similar artificial disease, and the former will be cured, *similia similibus*."

At this time, when his essay was published, Hahne-

mann was a physician of the highest standing and repute which no one then thought of questioning. He was in the very prime of life, in his forty-second year, fully equipped for his future work, and, it might be observed also for the "slings and arrows of outrageous fortune." His proposition was so radical and revolutionary that naturally it created much opposition. The publication of the "Organon" in 1810 was a systematic elucidation of this new method of medical treatment to which Hahnemann had given the name Homoeopathy. This book aroused a storm of opposition not so much on account of the tenets therein contained but because in this book Hahnemann mercilessly criticized the then universal practice of bleeding and his advocacy of small doses of single drugs immediately aligned every practicing apothecary against him and Homoeopathy—a condition which had lasted for obvious reasons ever since.

In spite of this, the Organon of Hahnemann was the first step to an enlightened therapeutics. It is the constitution of Homoeopathy—subject to amendments in certain phases even as Hahnemann amended it in later editions. But the fundamental principles of this great work, founded on pure experiment, are true for all time and are only now beginning to be appreciated.

Shortly after publishing the Organon, Hahnemann applied to the University of Leipsic for permission to

teach medicine. Being granted this request, he quickly gathered around him a circle of very excellent men, some of them professors and lecturers; others more enthusiastic students and open-minded physicians. The advantage of teaching by the living voice, under the authority of a great university, cannot be over-estimated. From this time onward, he gave regular lectures at the university for which his "Organon" served as a basis. For eight years, he continued thus to teach and practice, and thereby gathered about him a band of enthusiastic workers, who co-operated with him in his drug provings. Their names are known to us as the earliest and best provers of our medicines—Stapf, Gross, Franz, Ruckert, Hartmann, etc. When we consider what is implied in the persecution of one's colleagues by ridicule and contempt, and being shunned as a heretic and outcast, these brilliant young men deserve our greatest gratitude in having preferred to follow Hahnemann and the truth rather than go with the crowd along the wide road of therapeutic error. These men stood in intimate relation to Hahnemann. They counted the hours passed in his house among the happiest of their lives.

Publication of the "Materia Medica Pura," in six volumes, followed his life in Leipsic, where he had a very extensive practice, led an exemplary life and was at the head of a considerable number of talented physicians

who had declared for Homoeopathy. Up to this time, he had no thought of separating himself from the established school, and it was none of his doing that the split in the school took place. But an unforeseen circumstance stayed for a time this growing opposition. His fame as a physician had spread throughout Europe, and now the celebrated Austrian Field Marshal, Prince Schwartzberg, came from Vienna to Leipsic to place himself under Hahnemann's care. Schwartzberg was at the head of the allied forces, three hundred thousands strong, that faced Napoleon, and the most celebrated public man at that time. In consequence of Hahnemann's medical treatment of him, this modest physician was placed in daily communication with royal and imperial counsellors and dignitaries and was the observed of observed. For a short time, calumny ceased and abuse was hushed. Hahnemann was at the very pinnacle of his career. But in the short time of six months, all was ended, when Schwartzberg's disease proved fatal. The opposition to him was now renewed, and after being allowed to practice and dispense his own medicines for ten years, this privilege was withdrawn the very next month. He was notified that a fine of fifteen thalers would be imposed upon him for every dose of medicine he dispensed.

Hahnemann did not attempt to evade the law. He preferred to retire from the practice of medicine—to be banished from his beloved fatherland, from the city

where he had been a student, where he was a professor and taught his new medical philosophy, and where he achieved his greatest triumphs as a practitioner. It must have been a terrible blow, but the law-abiding instinct of the German, even if the law is unjust, is the strongest national trait, and so he submitted to banishment from Leipsic, his house and his friends. Some of the things he had hoped for and labored for while in Leipsic had been accomplished. Some were of so ambitious a nature that a century later has hardly seen their realization.

The points for which he was determined to contend were: for the untrammelled practice of Homoeopathy at the bedside of the sick, for its recognition and application by the State, for the free dispensing of medicine, for an independent professor's chair in all the universities,* for the establishment of dispensaries and hospitals, or at least wards in hospitals, for the appointment of Homoeo-

*This idea of a chair of Homoeopathy, in an otherwise orthodox medical school, has not, in the author's opinion proved satisfactory. At present there are three such—two in Germany and one in the U.S.A. A staff sympathetic to those interested in Homoeopathy is most necessary besides the clinical lecturer. Hospital beds and clinics are also needed. Many years ago this whole idea was appreciated and well expressed by Garth Wilkinson: "There is no reason to expect that truth, however great, will prevail with large classes of men born and bred in the opposite falsity. They are organic and iron-clad against it. Their wills are self-made and self-set against it. Being well-banded hosts, they support each other with confirmations of multitude and cannot be reached by instruction."

pathic physicians to posts of honour and emolument, if otherwise capable. In short, for the recognition and legal reception of Homoeopathy by the authorities and endowment of it with all the rights and advantages which the physicians of the dominant school possessed.

The sudden termination of his active career of professional life in Leipzig always seemed to many of his followers as an unfortunate thing for the future development of Homoeopathy. While there his teachings were free from hypothesis and speculation, he kept on the firm ground of observation and experience. But on the other hand, it may be held with much show of reason that the complete development of Homoeopathy as a distinctive therapeutic method needed the further refinements of study and additional evolution of its principles that could only come to Hahnemann in the seclusion of his new abode where the opportunities for watching carefully the course of chronic diseases were specially abundant.

After long wandering from state to state, he had an asylum offered him by the friendly Duke of Anhalt. He gave him rank and protection at his little capital, Coethen, which Hahnemann accepted. Here, he entered upon a haven or rest from persecution and a career of continued activity in developing Homoeopathy. Though banished, he still could keep up communication with his adherents and guided them in practice. At this time,

came an unlooked-for factor to the aid of the new method. Cholera proved to be the most potent ally Homoeopathy could possibly have. And other epidemics in their courses fought for Homoeopathy. The superiority of the new school, was so convincing in the treatment of these dread diseases, that it did much to interest many earnest men, and thereby gain strong and enthusiastic supporters.

Hahnemann remained in Coethen fourteen years, one of the busiest and most honored scientific men in all Europe. We find him at the close of 1834, a man of seventy-nine years, active, strong, full of enthusiasm still, though the many persecutions may have made him intolerant of criticism. It was here he published his great work on Chronic Diseases and prepared new editions of the *Organon* and *Materia Medica Pura*.

In 1835, he was persuaded to move to Paris. His presence there was also a great aid to the establishment and development of the new school in France. By special royal decree, he received permission to practice. The newspapers took up his cause, he was great and popular, patronized by the nobility and great ones of the land, and they rallied to the support of Hahnemann and Homoeopathy.

Hahnemann survived his migration to Paris eight years. He retained his mental faculties to the last

moment, and died early on the morning of July 2, 1843, aged eighty-nine years. He lived to see his labor crowned with wonderful success—the practice of Homoeopathy thoroughly established throughout the world, and its reforming influence over the old school generally conceded. He had brought health and happiness to generations of men. Well might he make the solemn declaration: “My conscience is clear. It bears me witness that I have ever sought the welfare of suffering humanity, that I have done and taught what seemed to me the best.”

Thus passed away one of the world's greatest physicians. His creative genius was united with a critical mind of the highest order. Care and caution are characteristic of all Hahnemann's work as the original case books (preserved in Dr. Haehl's museum at Stuttgart) testify.* We are impressed with his indefatigable in-

*Much of Hahnemann's work still remains unpublished, and the indefatigable labor of the man may be appreciated best by reading Haehl's life above referred to. In a speech before the ninth quinquennial international Homoeopathic congress held in London in 1927, Dr. Haehl said, “The legacy (referring to his successful purchase of Hahnemann's manuscripts from his heirs) contained an almost overwhelming amount of most reliable material—for instance, 54 case books containing the records of all patients treated by Hahnemann from 1799 to 1843; four large volumes of some 1500 pages each, alphabetically arranged repertories, none of which had ever been published; the sixth edition of the *Organon* completely revised by Hahnemann in 1842; some 1300 letters of physicians from all part of the world.....”

dustry as demonstrated in his ten volumes of provings, covering experiments with ninety-nine drugs on his own body. He published seventy original works on chemistry and medicine. He translated twenty-four authors into French, Latin, or English. Although master of medical literature and learning of his time, his greatest attributes were his capacity for original thought and dogged perseverance.

Many such characteristics always govern medical advance.

APPENDIX

APPENDIX A

THE FOUR SYSTEMS

To Follow the History and Precede the Examination

Nervous System

Alterations or complaints relating to the special senses.

General reaction (hyper-sensitive, restless, torpid, etc.).

Pain and particular sensations (causal factor if known, location, sensation, modality).

Sleep (type and dreams of marked).

Vasomotor phenomena (flushes, chill, sweating, either general or local).

Cardio-respiratory System

Pain (location, sensation, modality and concomitants).

Pulse (irregular, thready, soft, full, etc.)

Sensations other than pain felt in thorax.

Dyspnoea (type and aggravation).

Cough (modalities and type).

Expectoration (type and taste).

Gastro-intestinal System

Tongue (dry, coated, shape).

Taste.

Recent cravings or aversions.

Pain or sensations (location, sensation, modality and concomitants).

Eructations (type and whether relief or not).

Thirst.

Abdominal pain (same as under pain above).

Back.

Constipation (type of stool).

Genito-urinary System

Pains (as above) relation to micturation.

Discharges (type, modalities, concomitants).

Menstrual cycle (other body complaints felt at this time, also type and flow).

Urinary complaints.

APPENDIX B

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL SYMPTOM CHART FOR HOMOEOPATHIC PRESCRIPTION

CHIEF COMPLAINTS (Usually Single, Path or Common Sym.)		LOCATION	SENSATION	MODALITIES	LIST OF MODALITIES
1.					TENDON UTERUS NERVOUSNESS PAIN VENTRICLES UTERUS
2.					ACIDITY UTERUS NERVOUSNESS PAIN VENTRICLES UTERUS
3.					ACIDITY UTERUS NERVOUSNESS PAIN VENTRICLES UTERUS
4.					ACIDITY UTERUS NERVOUSNESS PAIN VENTRICLES UTERUS
FUNCTIONAL AND PATHOLOGICAL CHANGES	DESCRIPTION	LOCATION	SENSATION	MODALITY PRESENT	
SPECIAL SYMPTOMS					
THROAT SINUSES HEAD					
HEART AND CHEST					
STOMACH { ACIDITY ERUCTION					
ABDOMEN { SENSITIVE					
BACKACHE					
EXTREMITIES					
GENITALIA					
GENERALITIES	DESCRIPTION OF AGGRAVATION OR AMELIOR.	MENTALS			
TIME					
AIR "CHILLINESS"					
CATARRH					
EATING, DRINKING					
PORTION					
TEMPERATURE					
SWEAT					
WEAKNESS					
Menstruation & Menopause					
CHANGE OF FUNCTION	DESCRIPTION	COLLECTIVE			
PARTICULAR TASTE					
APPETITE					
RECENT CRAVINGS & AVERS					
BOWELS					
ANAEMIA					
SLEEP					
SKIN					
TYPE TEMPERATURE					
URINARY					

In the above chart the list of modalities are placed along the right margin and in this same column below occur the principal mental states and objective findings which seem of most use in repertory work. It is a suggestive list and meant simply as a reminder.

(Back of Chart "B")

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APPENDIX D

MAJOR LIST Eliminative Symptom Chosen— "Irritable, Complaining"	Worse at Night	Tearing Pains	Sweat, Sour	Better from Warm Applications
Aloes	X			
Ant. crud.				
Ars.				
Bism.				
Bor.				
Bry.	X		X	X
Caps.				
Cham.	XX	X	XX	
Cina	X			
Colch.	XX			
Indol				
Kali carb.		XX		
Mag. phos.	X	XX		X
Nitric acid	XX	X		
Nux. vom.				
Platina	X			
Psor.				
Puls.	X			
Staph.				
Sulph.	X			

APPENDIX E

The following case is taken from the writer's medical service at The Hahnemann Hospital of Philadelphia. It had not been relieved by Salicylates and had to have Morphine at times to control the pain and emotional excitement.

Case: Female, age 23, White, Unmarried.

Diagnosis: Infective arthritis.

Basic Symptoms

Determinative Symptoms

- | | |
|---|----------------------------------|
| 1. Pain—tearing, unbearable, throbbing.
Loc.—right shoulder, left knee.
Mod.—Better warm applications, aggravated at night. | 6. Irritable complaining, |
| 2. Sweat, sour. | 7. General aggravation at night. |
| 3. Fever. | 8. Tearing pains in joints. |
| 4. Leucocytosis. | 9. Sour sweat. |
| 5. Extra-Systole's "double beat." | 10. Restless. |
| | 11. Better warm applications. |

Discussion: Any repertory may be used, but in this case we chose a small one (Boericke) as the symptoms are not unusual, and therefore it is unnecessary to consult one of the larger works.

If we tried to use a clinical repertory, we would have to look up the name of the disease, and arthritis or rheumatic fever would give us a very large list of drugs with which to work, so we decided to use the symptomatic method.

Our first consideration is to select an eliminative symptom. We have been told to look for this among the mentals, the general modalities or the modified common symptoms. We have an example of each in this case:

Thus: Symptom 6 is a mental, 7 is a general modality and 1 is a modified common symptom. Any of these would do, but it is always best to select a mental, if well-marked, and it is in this case.

Thus we select the symptom "Irritable, complaining" as the eliminative symptom. In the list of drugs contained in this rubric there is one that has the other symptoms also—we will find out in good time.

Referring to the repertory under "mod." we see a list of drugs as follows:

Aloes	Caps.
Ant. crud.	Cham.
Ars.	Cina
Bism.	Colch
Bor.	Indol
Bry.	Kali carb.

Mag. Phos.

Psor.

Nitric acid

Puls.

Nux vom.

Staph.

Platina

Sulph.

all of which have this irritable, complaining mood. Those that have this characteristic especially marked are in italics.

Now this is our major list. We next look up the next symptom in the repertory "worse at night" and now we see a long list of drugs that have this modality; using our major list and ignoring the rest, we find that so far the following drugs have *both* symptoms 6 and 7:

Ars.

Mag. Phos.

Bry.

Nitric acid

Cham.

Plat.

Cina

Puls.

Colch.

Sulph.

Let us now decide which of these have the "tearing pains"—the modified basic symptom which is such an important part of the case.

Under extremities in the repertory we are able to find this rubric, and if these pains can be localized in the shoulder or knee, all the better, but it is the character of the pain that is characteristic.

Again checking through our list we find that of the above drugs

Cham.

Mag. Phos.

Kali carb.

Nitric acid

are the only ones that are left.

We now only use the "sweat, sour" and find that Bry. and Cham. only come through, and finally the last symptom, "better warm applications," Bryonia and Mag. phos. are the only two.

If this whole process is arranged as suggested (Chart D) our analysis can be evaluated at a glance.

It will be noticed that Chamomilla has all the symptoms used in the highest rank except number two, which is not so essential because most cases have this modality due to the particular disease.

There is a true Homoeopathic relationship between this patient and the drug. It is not a "seemingly" one because the provings of Chamomilla show definite effects on the joints and ligaments. In this case, the drug was given in the 6x potency and the patient experienced more relief that night and went on to an uncomplicated recovery several weeks later.

APPENDIX F.

"COLLOID CHEM. OBSERVATIONS"

Translation of Prof. J. Traube's Article in *Menchener Medizinische Wochenschrift*, Aug. 21, 1925.

He therein desires to ascertain whether the physical and chemical processes that form the basis of action in medicine lend confirmation to certain Homoeopathic conceptions or oppose them. In this direction, he holds that the colloidal chemist has a right to speak. The fact that small and smallest doses of different medicines may produce marked effects in both the healthy and sick organisms is known and cannot be ignored by either Allopaths or Homoeopaths. Every one who is acquainted with the serological investigation must acknowledge it and it would not be honest to withhold giving credit to the creator of Homoeopathy and to the representatives of Homoeopathy. Professor Hebner, who does not want to pose exactly as a friend of Homoeopathy, pointed out that camphor in the 15x potency showed unmistakable physiological action.

Hebner is justified in pointing out that if 1 c.c. of this potency of camphor contains millions of molecules, why should not such a great number of molecules produce physiological effects?

Pilocarpin acts strongly as an irritant to the intes-

tinal muscles. Atropin, its antagonist, acts paralyzingly. Upon what depends this antagonistic relationship of these alkaloids ?

Everywhere in our organism the most manifold processes of a chemical and physiological nature take place. If a foreign substance intrudes, it may disturb the existing equilibrium and change the process, but frequently its action is merely to accelerate the processes, catalytically. It acts as a stimulant or it acts as a paralyzer. Upon this point of view, investigation has been carried on in my laboratory. Small and smallest masses of substance act as catalyzers, as ferments, hastening or slowing. Narcotics in doses in which they act narcotically are negative catalyzers. It has been proven experimentally that oxidation processes, as well as fermenting and others, are slowed by narcotics. They also exert their paralyzing properties on bio-electrical streams by diminishing the potential. An alkaloid like quinin acts fluctuently in diverse colloids and biologically, we may infer, in smallest dosage by means of the destruction of ferments or by retarding oxidation processes. Whoever is conversant with catalyzers, peptization, tumefaction, absorption, and other processes of the colloidal chemist, knows the action of smallest masses of substances. Of course, the action of these active decimal potencies, to use a term of the Homoeopaths, differs greatly.

The other question, whether medicines in small and smallest dosage may bring about opposite action in larger dosage, based upon physical and chemical behavior according to the rule of S. S. C. Arndt-Schultze's rule, must be answered with "Yes."

The same applies to the animal kingdom. Colloidal chemical considerations show clearly that opposite action of small and larger medicinal substances show parallel colloidal states.

The degree of concentration that furnishes the opposite action in regard to increased or retarded condition lies, of course, in very different concentration for different processes, and thus it is intelligible when Homoeopaths employ, in certain cases, say the 2x, in others 6x or higher attenuation. Again, it is comprehensible that Hahnemann himself held the position that a remedy in general has no other healing action than aiding the natural efforts of the organism towards restoring health. For they do not change in a general way the course of vital processes, but rather increase or decrease them.

Homoeopaths who recognize that for the action of a medicine, it is not the mass but the fine division of the substance that is decisive, are in perfect agreement with the modern colloid teachings. Every colloid chemist knows that the degree of dispersion, *i.e.*, the size of the surface, is determining for the solving of the most vary-

ing problems (absorption, catalytic action, surface tension), and it follows that one millionth or one millard of a gram may exert just as great biological action as a whole gram. It is evident from this that there is a thoroughly justified kind of truth in Homoeopathic conceptions. For example, Sulphur may be taken in gram doses in food and will not give the action that the smallest masses of Sulphur can produce if these are given in proper forms and division. Different preparations will, of course, react differently. The increased results claimed repeatedly from a combination of two medicines is wholly intelligible from the standpoint of colloidal teaching.

If I have arrived, on the basis of my colloidal experience, at the result that there is a healthy kernel within Homoeopathic observations, I want to have it plainly understood that I do not know anything of Homoeopathic literature, nor do I know but most superficially anything about the curative results, but it certainly seems clear that the smallest amount of a medicine from the physical and chemical grounds must exert many and big actions and that such actions, in numerous cases, are opposite to those produced by larger masses, and again, it is certain that it is not the *quantity* of a medicine but the *degree of its division* that determines its action.

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